VACCINE MANDATES:

An Erosion of Civil Rights?

Children's Health Defense
November 2020

CONTENTS

EXECUTIVE SUMMARY

- Vaccine mandates do not safeguard rights and health. In the U.S., which requires more childhood vaccines than almost all other countries, officials appear willing to ignore the ethical principle of informed consent while applauding censorship of vaccine risk information and considering forced vaccination.
- The legal edifice shoring up compulsory vaccination relies on two century-old, smallpox-era Supreme Court decisions. The first decision (1905) contained robust cautionary language that warned against "arbitrary and oppressive" abuse of police power going far beyond what might be reasonably required for the safety of the public.
- In 1986, the National Childhood Vaccine Injury Act exempted vaccine manufacturers and medical practitioners from liability for childhood vaccine injuries and now for adult vaccine injuries as well—leaving families with a striking absence of legal protections. Since the Act's passage, the U.S. has prioritized vaccine development and promotion over vaccine safety science and injury compensation.
- The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) is the driving force behind vaccine mandates, pushing mandates for any illness declared "vaccine-preventable," despite ACIP members' conflicts of interest.
- Officials use the concept of herd immunity to justify mass vaccination, but 60 years of compulsory vaccine policies have not attained herd immunity for any childhood illness. In real-world conditions, vaccines often fail. Vaccine failure not only makes herd immunity impossible to achieve but also allows illness to occur in highly or even fully vaccinated populations.

- Mandatory hepatitis B vaccination is an example of the glaring disconnect between risk and policy. Whereas most young people face little to no chance of hepatitis B infection, the vaccines impose significant risks, including the risk of neurodevelopmental disorders, autoimmune illness and death. Hepatitis B vaccine safety testing was shockingly inadequate in the targeted age groups (infants and young children), and the vaccines have displayed poor long-term efficacy.
- A campaign is unfolding to discredit vaccine-risk-aware people by reframing their concerns about vaccine safety as barriers, deploying industry shills to inflame anti-parent sentiment and laying down a legal and medical foundation to allow children to consent to vaccines without parental permission.
- Internationally, the World Health Organization, GAVI-the Vaccine Alliance, the Global Health Security Agenda and other international initiatives and organizations are supporting the push for vaccine mandates. As many countries transition toward more punitive measures and more coercion, studies show that these steps are counterproductive and do not guarantee improved vaccine uptake.
- Because governments are failing to subject vaccines and vaccine mandates to rigorous scrutiny free from conflicts of interest, the public and ethical professionals must step into the breach. In some U.S. states, citizens are urging legislators to introduce conscientious belief exemptions and parental consent requirements. Others are advocating for requirements to review scientific evidence, monitor vaccine adverse events and communicate comprehensive risk information to parents. All of these efforts and more will be essential to halt the erosion of informed consent and vaccine choice.

I. INTRODUCTION

Around the world, vaccine mandates are snowballing. Growing numbers of legislators and public health officials—with wheels heavily greased by the pharmaceutical industry[1]—are imposing oppressive mandates that trample on religious,[2] parental[3] and human rights[4]—including the precious right to "security of person" guaranteed by Article 3 of the Universal Declaration of Human Rights.[5] Especially since the start of the COVID-19 pandemic, countries and international organizations have been actively preparing for COVID-19 vaccine recommendations and mandates.

> …censorship of vaccine risk information is earning plaudits and policy-makers are openly entertaining the prospect of state-sanctioned forced vaccination.

Although compulsory childhood vaccination has been a cornerstone of U.S. public health policy for a long time,[6] until recently, nearly all states allowed for vaccine exemptions, recognizing the constitutional dimensions of the right to refuse medical care[7] and at least paying lip service to the ethical principle of informed consent legally codified in the post-World War II Nuremberg Code.[8] Now, the pendulum is swinging in the opposite direction. Government officials appear willing to ignore the fundamental premises of clinical informed consent—that "the patient must be competent, adequately informed and not coerced"[9]—to the point where censorship of vaccine risk information is earning plaudits[10] and policy-makers are openly entertaining the prospect of state-sanctioned forced vaccination (see **Extreme and Grotesque**).[11] Some vaccine proponents unashamedly have begun to argue that informed consent is a "legal

Extreme and Grotesque

"[S]tate-sanctioned forced vaccination of adults for measles seems extreme—evocative of a police state and a sharp departure from the principle that government may not invade our bodies to benefit others. Execution of such orders could be grotesque."

Source: Cantor JD. Mandatory measles vaccination in New York City—reflections on a bold experiment. *N Engl J Med* 2019;381:101-3.

fiction," claiming that in the context of compulsory vaccination, "the model of informed consent is confusing, inappropriate, and out of place"[12] (see **Turning Informed Consent into a "Legal Fiction"**).

Meanwhile, as public health officials continue to add more inadequately tested vaccines[13] to the childhood schedule, scholars at prestigious academic institutions are helping to lay a legal foundation for coercive legislation that stops just short of forcible vaccination. In fact, each of the reportedly "incremental" measures being floated as viable proposals[14]—eliminating nonmedical exemptions, developing "oversight mechanisms for medical exemptions," lowering the age of vaccine consent and going after vaccine "disinformation"—is already well underway.

At this critical juncture, it is time to take a look at vaccine mandates in their wider historical and global context. In this Children's Health Defense eBook, we:

- Review the tenuous legal underpinnings of vaccine mandates in the United States (Section II)
- Discuss how officials have used the false rationale of "herd immunity" to make unjustifiable claims about the need for mandates (Section III)
- Present the flawed logic of hepatitis B vaccine mandates as a case study (Section IV)
- Explore the campaign to smooth the path to further mandates by undermining parents' role in vaccine decision-making (Section V)
- Examine the highly coordinated agenda to push compulsory vaccination across the globe (Section VI)
- Discuss steps being taken to halt the erosion of informed consent and vaccine choice (Section VII).

Turning Informed Consent into a "Legal Fiction"

In a 2018 article, Polish authors make a convoluted argument against informed consent, even though informed consent is one of the foundational principles of post-WWII medical ethics developed as a response to wartime atrocities that include actions committed in Poland:

"The World Health Organization . . . emphasizes that one of the premises for informed consent is voluntariness. . . . [I]n the case of [vaccination] obligation, voluntariness might be lacking and thus from an ethical and legal perspective, the whole informed consent is invalid and, in reality, becomes a legal fiction. . . . The principle of autonomy and obligatory vaccination are in conflict. Therefore, with obligatory vaccination, the right to refuse or withdraw the consent is also ineffective and impossible to execute."

Source: Zagaja et al. Informed consent in obligatory vaccinations? *Med Sci Monit* 2018;24:8506-9.

II. U.S. MANDATES: HOW DID WE GET HERE?

Overview

No other country requires as many childhood vaccines as the U.S.[15] However, the legal edifice shoring up America's compulsory childhood vaccine program is surprisingly flimsy. As Children's Health Defense General Counsel Mary Holland explained in a 2010 working paper,[16] this edifice relies primarily on two century-old, smallpox-era Supreme Court decisions—from 1905[17] and 1922[18]—and on the game-changing National Childhood Vaccine Injury Act (NCVIA) of 1986.[19] Examining the legal trajectory of vaccine mandates since the 1905 Supreme Court decision, Holland argues that current childhood mandates are not only radically different from what the earlier courts and legislators envisioned but are "unreasonable and oppressive and have led to . . . perverse results" that do not safeguard children's rights and health.[20] The prospect of COVID-19 vaccine mandates and flu vaccine mandates for adults similarly threatens adults' rights and health.

When the NCVIA passed in 1986, the Act fundamentally altered the legal landscape for vaccination by exempting vaccine manufacturers and medical practitioners from liability for childhood vaccine injuries. Congress then extended its liability protections to adults for federally-recommended vaccines as well. The NCVIA served as the coup de grâce that left vaccinated individuals with an absence of legal protections "striking compared to almost all other medical interventions."[21]

From Mandates for Emergencies to Mandates for "Prevention"

The Supreme Court's 1905 *Jacobson v. Massachusetts* decision, as summarized by Holland, justified the

> Vaccinated individuals have been left with an absence of legal protections striking compared to almost all other medical interventions.

imposition on adults of one vaccine—smallpox—"on an emergency basis" and under circumstances of "imminent danger." At the same time, the *Jacobson* decision established medical exemptions, reasoning that it "would be cruel and inhuman in the last degree" to vaccinate someone who was medically unfit.

Jacobson contained "robust cautionary language," calling attention to the potential for "arbitrary and oppressive" abuse of police power and warning against going "far beyond what was reasonably required for the safety of the public." *Jacobson's* authors urged courts to be "vigilant to examine and thwart unreasonable assertions of state power" (see ***Jacobson v. Massachusetts:* Keeping Laws "Sensible"**).

Despite the 1905 Supreme Court's words of warning, state-level courts did not wait long before broadening the judicial interpretation of *Jacobson* beyond the notion of imminent danger or necessity—although still primarily within the context of the smallpox vaccine:

- In 1916, Alabama and Kentucky courts allowed states to mandate vaccination for **prevention** of smallpox epidemics, stating that state Boards of Health were not required to wait until an epidemic actually existed before taking action. The Alabama court also broadened the rationale for mandates beyond adults to **children**.
- In 1922, the three-paragraph *Zucht v. King* Supreme Court decision sanctioned vaccine mandates as a condition for **public school attendance**. According to Holland, this decision further shifted *Jacobson's* paradigm "by upholding a mandate exclusively for children and not for the entire population."
- Decisions in Mississippi and Texas in the early 1930s granted public health authorities the leeway to **define public health emergencies** in whatever manner they saw fit.
- A New Jersey court in the late 1940s interpreted *Jacobson* as justifying **all vaccine mandates**, "disregarding its language to reject unreasonable, arbitrary or oppressive state actions."
- An Arkansas court in the early 1950s suggested that anyone questioning vaccine safety or efficacy should "lodge [their] objections with the Board of Health **rather than the court**."

Occasionally, legal officials expressed their disapproval of vaccine mandates outside of emergencies. In 1919, a North Dakota judge did not hesitate to pronounce childhood vaccination in the absence of a smallpox epidemic an act of "barbarism." As quoted by Holland, the same judge also wrote presciently about the self-interest of the medical profession and vaccine manufacturers—"the class that reap a golden harvest from vaccination and the diseases caused by it" (see **A Century of Self-Interest**).

Jacobson v. Massachusetts: Keeping Laws "Sensible"

Although the authors of the Jacobson opinion endorsed compulsory smallpox vaccination under certain circumstances, they also stated:

[W]e deem it appropriate… to observe…that the police power of a State, whether exercised by the legislature, or by a local body acting under its authority, may be exerted in such circumstances or by regulations so arbitrary and oppressive in particular cases as to justify the interference of the courts to prevent wrong and oppression. …"All laws," this court has said, "should receive a sensible construction. General terms should be so limited in their application ***as not to lead to injustice, oppression or absurd consequence"*** *[emphasis added].*

A Century of Self-Interest

In comments that bear repeating today, a North Dakota judge stated in 1919:

Every person of common sense and observation must know that ***it is not the welfare of the children that causes the vaccinators to preach their doctrines*** *and to incur the expense of lobbying for vaccination statutes [emphasis added]. …And if anyone says to the contrary, he either does not know the facts, or he has no regard for the truth.*

The Legal Sea Change in 1986

Although vaccination mandates had become legally "well-entrenched" by the mid-1950s—regardless of emergency and "all but erasing" *Jacobson's* cautionary language—Holland emphasizes that this legal framework emerged in the context of a *single vaccine* for a contagious disease considered to be life-threatening. Even when the polio vaccine subsequently appeared on the scene, the nonprofit organization that helped develop and distribute the vaccine "opposed compulsion on principle."

According to Holland, the creation of the Centers for Disease Control and Prevention's (CDC's) Advisory Committee on Immunization Practices (ACIP)—"a federal advisory body with little public participation and no direct accountability to voters"—laid the groundwork for far more coercive vaccine policies. Over time, in fact, ACIP has become the driving force behind vaccine mandates. Whereas *Jacobson* justified mandates under specific and rare circumstances, ACIP has created an "infrastructure" that pushes mandates for any illness declared to be vaccine-preventable, despite ACIP members' rampant conflicts of interest (see **ACIP's Conflicts of Interest**).

By 1981, after ACIP helped make multiple vaccines obligatory for school attendance in all 50 states, the number of vaccine injuries began increasing. In 1986, Congress enacted the NCVIA. Although some legislators may have been well-intentioned when they passed the Act, Holland makes it clear that the NCVIA has been nothing short of a disaster. In essence, the Act placed "vaccine promotion, safety and compensation under one [government] umbrella," thereby creating

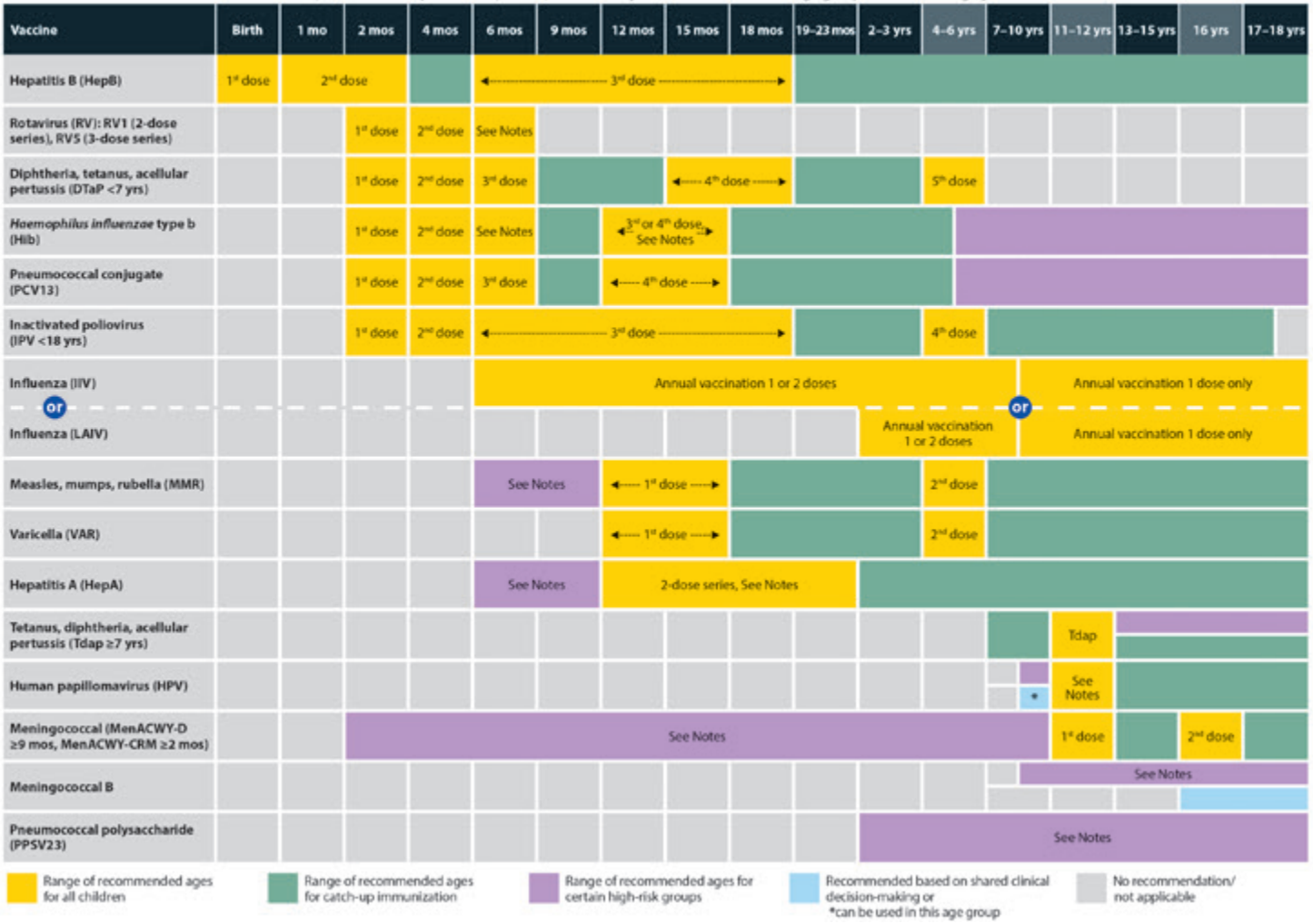
ACIP's Conflicts of Interest

ACIP issues annual vaccine recommendations for the U.S. civilian population. ACIP's industry-beholden membership roster reads like a "who's who" of the individuals and organizations who spearhead the nation's vaccine business, with voting members from leading medical schools, children's hospitals and universities; ex officio members from federal agencies such as the Food and Drug Administration (FDA) and Department of Defense (DOD); and non-voting representatives who liaise with pharmaceutical companies and health insurers. ACIP members have longstanding and well-documented conflicts of interest that hold them captive to vaccine company interests, with financial entanglements that include co-ownership of vaccine patents, vaccine company stock holdings, research funding, payments to monitor vaccine trials and funding for academic departments or appointments.

See: "Close ties and financial entanglements: the CDC-guaranteed vaccine market," Children's Health Defense, June 6, 2019. https://childrenshealthdefense.org/news/close-ties-and-financial-entanglements-the-cdc-guaranteed-vaccine-market/.

Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.



ACIP Recommended Childhood Vaccine Schedule, Birth to 18

Source: CDC

"the risk of trade-offs among competing goals." Holland summarizes the rather predictable result: "Revenue-generating vaccine development and promotion have enjoyed priority over vaccine safety science and injury compensation since the Law's inception" (see **The NCVIA Paradox**).

ACIP has also promoted a shift away from "necessity" as the rationale for vaccine mandates. In fact, a number of the vaccines that ACIP now calls for American children to get to attend school—about 70 doses of 16 vaccines by age 18—are for rarely fatal illnesses and for conditions "not contagious through ordinary social contact." Holland's conclusion is that:

> *Necessity no longer determines the validity of state childhood vaccination mandates. [. . .]* ***New vaccine mandates are guided by financial returns on low prevalence diseases, not protection of the entire population against imminent harm*** *[emphasis added].*

The NCVIA Paradox

There is a paradox at the heart of the National Childhood Vaccine Injury Act passed in 1986:

- On the one hand, the legislation "for the first time publicly acknowledged that universal compulsory vaccination is likely to cause permanent injury and death to some infants and children."
- On the other hand, the Act forces healthy children to give up ordinary legal protections, including informed consent, and takes away from injured children the right to sue manufacturers directly.

Source: Holland M. Reconsidering compulsory childhood vaccination. New York University School of Law. Public Law & Legal Theory Research Paper Series, Working Paper No. 10-64, September 2010.

Corporate Greed and Conflicted Regulators

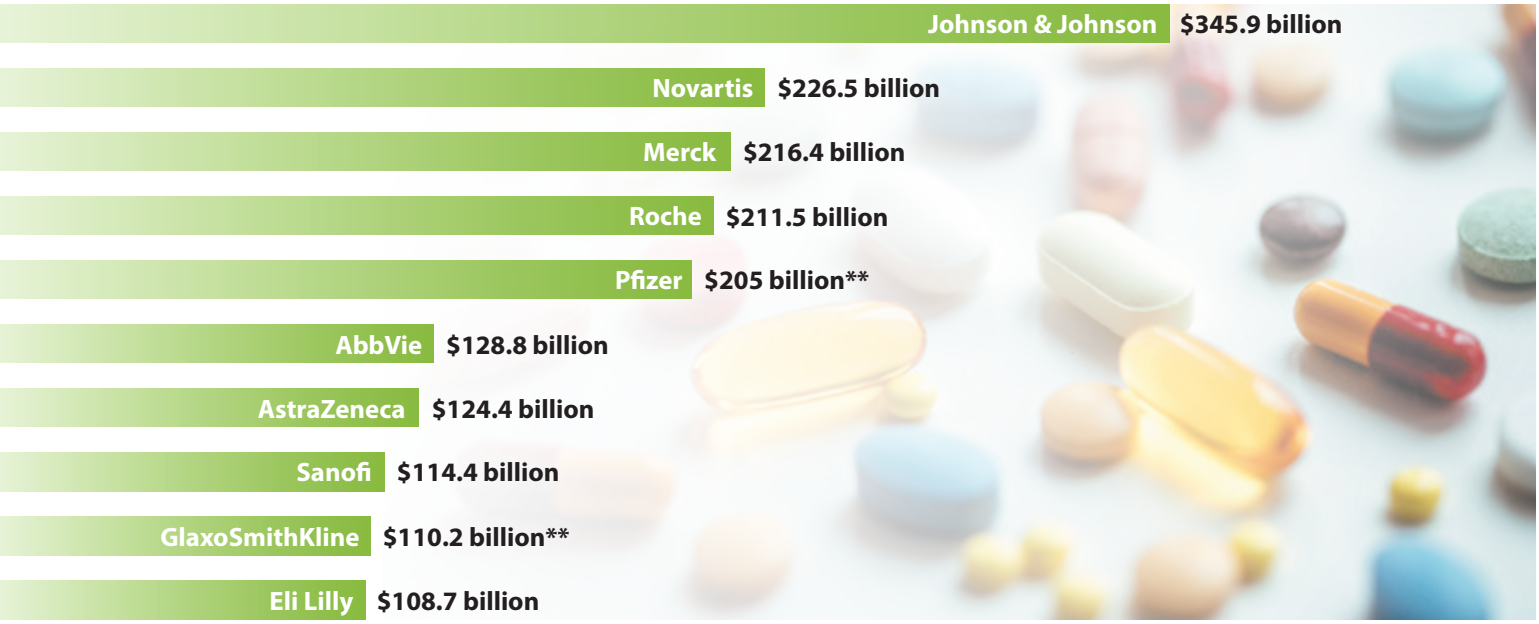
Some of the most troubling facts noted by Holland concern the power of the pharmaceutical industry, which has been the most profitable industry in the U.S. since the 1980s:

- In a single year in the early 2000s, "the combined profits of the ten largest drug companies in the Fortune 500 had higher net profits…than all the other 490 companies [in the Fortune 500] combined."
- There are more full-time pharmaceutical industry lobbyists on Capitol Hill than there are legislators in both Houses of Congress.
- The leading manufacturers of childhood vaccines in the U.S. (Merck, Pfizer, GlaxoSmithKline and Sanofi Pasteur) have extensive records of documented fraud and criminal and ethical misconduct.[22]

In a related article,[23] Holland tackles the extensive collusion between the pharmaceutical industry and government regulators. Whereas "demonstrably predatory corporations selling compulsory products to a vulnerable population should lead to a high level of government scrutiny and skepticism," Holland observes that "government appears to ally its interests with industry in the arena of vaccines."[24] The second Children's Health Defense eBook, *Conflicts of Interest Undermine Children's Health*, explores this unhealthy government-pharma partnership in greater detail.[25]

There are more full-time pharmaceutical industry lobbyists on Capitol Hill than there are legislators in both Houses of Congress.

Top 10 Pharmaceutical Companies by Market Capitalization*



*Market capitalization ("market cap") refers to how much a company is worth as determined by the stock market. Market cap (versus sales or total assets) is the key indicator used by the investment community to assess a company's size.
**In August 2019, Pfizer and GlaxoSmithKline completed a merger of their consumer healthcare divisions.
Source: Philippidis A. Top 10 pharma companies of 2019. *Genetic Engineering & Biotechnology News,* November 18, 2019.

III. DISSECTING HERD IMMUNITY

Overview

Herd immunity is a largely theoretical concept, yet for decades, it has furnished one of the key underpinnings for vaccine mandates in the U.S. and elsewhere. The public health establishment borrowed the herd immunity concept from pre-vaccine observations of natural disease outbreaks. Then, without any supporting science, officials applied the concept to vaccination, using it not only to justify mass vaccination[26] but to guilt-trip anyone objecting to increasingly onerous vaccine requirements.

Apparently, herd immunity bullying sometimes works. A review of 29 studies showed that "willingness to immunize children for the benefit of the community" was a "motivating reason" for about a third of parents.[27] The problem with using herd immunity as a motivator, however, is that the theory relies on flawed assumptions that, in the real world, do not and cannot justify compulsory vaccination policies. In fact, in a 2014 analysis in the *Oregon Law Review*, Holland and Chase E. Zachary (a legal scholar who also has a Princeton-conferred doctorate in chemistry) wrote that 60 years of compulsory vaccine policies "have not attained herd immunity for any childhood disease."[28] It is time, they suggest, to cast aside coercion in favor of choice.

False Logic and Troubling Consequences

One of the principal arguments made by Holland and Zachary is that herd immunity is not achievable with vaccines. In part, this is because the underlying assumptions upon which vaccine-related herd immunity is premised are largely "irrelevant in the real world." These assumptions include the

> Sixty years of compulsory vaccine policies have not attained herd immunity for any childhood disease.

erroneous notions that (1) all members of the population are equally susceptible to infectious disease and (2) all persons behave identically in spreading disease.

In reality, many different factors shape patterns of risk and susceptibility to disease, including age and sex,[29] race/ethnicity[30] and life circumstances.[31] A healthy lifestyle and a naturally resilient immune system also matter, giving individuals the "upper hand" in encounters with pathogens.[32] Holland and Zachary further note that the herd immunity model "entirely discounts the possible benefits of contracting and overcoming disease naturally, thereby achieving long-lasting immunity." In the pre-vaccine era, for example, children got the measles routinely and largely uneventfully. Once recovered, children confidently carried their natural immunity into adulthood without ever having to worry about the measles again. Even one of the most enthusiastic early proponents of measles vaccination—the CDC's chief epidemiologist Alexander Langmuir—viewed measles as a "self-limiting infection of short duration, moderate severity, and low fatality" and acknowledged the "steady downward trend in the [measles] mortality rate" in the first half of the twentieth century.[33]

The artificial immunity engineered by vaccines—administered to children before their immune systems have even had a chance to develop—not infrequently leads to subsequent immune dysfunction[34] and chronic illness.[35] Moreover, studies have shown that the "antibody repertoires" induced by natural exposure are qualitatively different from those induced by the corresponding vaccines.[36] The insistence on ignoring the critical distinction between natural and vaccine-induced immunity has given rise to many perverse consequences, not least of which is the increased vulnerability of infants to measles due to the loss of maternal protection in vaccinated mothers (see **Infants at Risk**).

Holland and Zachary also call attention to the problematic assumption of "perfect vaccine efficacy" that undergirds claims about herd immunity, again noting that this assumption has "limited bearing in real-world conditions." This is because vaccines often fail to perform in the manner predicted. For example, the phenomenon of "primary vaccine failure" occurs in at least 2% to 10% of healthy vaccinated individuals; these individuals are "non-responsive" to a given vaccine, meaning that they fail to mount "sufficient protective antibody responses" after either the initial vaccine or a booster shot.[37]

Secondary vaccine failure, defined as waning vaccine-induced immunity that no longer offers protection, also presents vaccine scientists with a thorny problem.[38] What the term "waning immunity" really means is that the duration of vaccine-acquired immunity is shorter than that of infection-acquired immunity—and the shorter duration can have a considerable impact on the epidemiological patterns of infectious disease.[39] Notably, "where vaccine-acquired immunity is not long-lasting (10 years or under), vaccination does not markedly reduce infection prevalence."[40]

While removing maternal protections for infants, childhood vaccination for illnesses such as mumps and measles has also pushed the average age of infection into the older age groups,[41] exposing adolescents and adults to new and historically unprecedented risks. Again, vaccination has "changed the landscape for disease transmission," making "preventable illness rarer…[but] also increas[ing] the expected severity of each case."[42] One study suggests that lapsed vaccine immunity has led to negative

Infants at Risk

"Because an increasing number of women have acquired immunity by vaccination instead of natural measles infection due to decreasing opportunities for wild virus exposure, the immunity gap in measles protection occurring between the loss of passive immunity derived from the mother and immunity acquired from the first vaccination can be amplified. As a consequence, **the proportion of infants susceptible to measles infection increases progressively"** [emphasis added].

Source: Kang et al. An increasing, potentially measles-susceptible population over time after vaccination in Korea. *Vaccine* 2017;35(33):4126-32.

Invisible but Transmissible

"[I]nfections following either vaccination or natural infection may occur, and these secondary infections may be less severe or asymptomatic. [. . .] Our results show that since the advent of vaccination, asymptomatic cases may be on the rise and be an important source of continued transmission. These potential asymptomatic cases may not necessarily be recorded (or observable) in data."

Source: Leung et al. Infection-acquired versus vaccine-acquired immunity in an SIRWS model. *Infect Dis Model* 2018;3:118-35.

outcomes that are 4.5 times worse for measles, 2.2 times worse for chickenpox and 5.8 times worse for rubella, compared to the pre-vaccine era.[43]

There are other problems that also make the theoretical concepts of vaccine efficacy and herd immunity highly imperfect in practice and, in fact, unachievable. These include:

- Mutation of the virus against which one is vaccinating,[44] with the mutation plausibly triggered by the vaccine itself (vaccine researchers also allude to the problem of "genotype mismatch"[45] between the vaccine strain and the wild-type virus)
- Transmission by asymptomatic vaccinated individuals, either via secondary infection (see **Invisible but Transmissible**) or, for some vaccines, through viral shedding[46]
- Importation of illness due to travel[47]
- Recurrent outbreaks[48] of illness in vaccinated populations that, say Holland and Zachary, "scientists simply cannot explain."

Outbreaks in Highly Vaccinated Populations

Various forms of vaccine failure not only make herd immunity impossible to achieve but also permit the occurrence of illness in highly or even fully vaccinated populations. There are numerous examples of this—spanning decades—in the published literature (see **Tales of Vaccine Failure**). One example cited by Holland and

Tales of Vaccine Failure

- "We conclude that outbreaks of measles can occur in secondary schools, even when more than 99 percent of the students have been vaccinated and more than 95 percent are immune." (Gustafson et al., *N Engl J Med* 1987;316:771-4)
- "This is the first report of measles transmission from a twice-vaccinated individual with documented secondary vaccine failure. [. . .] All cases had prior evidence of measles immunity." (Rosen et al., *Clin Infect Dis* 2014;58:1205-10)
- "In outbreak settings, health care providers should maintain a high index of suspicion for measles, even in vaccinated patients." (Avramovich et al., *MMWR* 2018;67:1186-8)
- "[A]ll children who were primed by DTaP [diphtheria-tetanus-acellular pertussis] vaccines will be more susceptible to pertussis throughout their lifetimes, and there is no easy way to decrease this increased lifetime susceptibility." (Cherry, *J Pediatric Infect Dis Soc* 2019;8:334-41)

See also: Failure to vaccinate or vaccine failure: what is driving disease outbreaks? Children's Health Defense, March 6, 2019. https://childrenshealthdefense.org/news/failure-to-vaccinate-or-vaccine-failure-what-is-driving-disease-outbreaks/.

Zachary was a 1985 measles outbreak in a Texas high school where 99% of the students had been vaccinated and 96% had detectable measles antibodies—the authors of the outbreak report acknowledged that "such an outbreak should have been virtually impossible."[49]

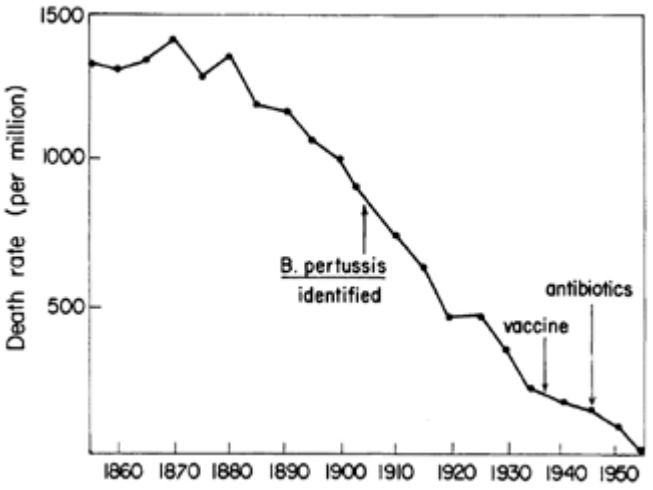
Studies from around the world describe recurrent mumps[50] and pertussis[51] outbreaks in highly or fully vaccinated middle and high school populations, including in Belgium (2004),[52] Korea (2006),[53] the U.S. (2007)[54] and Ontario (2015).[55] In December 2019, a pertussis outbreak closed a Texas school down despite a 100% vaccination rate.[56] These outbreaks are forcing some researchers to admit that "[v]accine-induced immunity is less effective than naturally acquired immunity."[57]

Real Solutions

Astonishingly (or perhaps not), the solution proposed by most of the researchers who recognize the phenomenon of vaccine failure is—more vaccination. However, recommendations for more doses and more boosters ignore the illusory nature of herd immunity.[58] As Holland and Zachary painstakingly show, illogical mandates and "imperfect vaccine technology" mean that "herd immunity does not exist and is not attainable." Even 100% vaccination coverage cannot reliably induce herd immunity. Thus, herd immunity is a "weak rationale" to compel all vaccines for all children.

Outbreaks are forcing some researchers to admit that vaccine-induced immunity is less effective than naturally acquired immunity.

Mean annual death rate from measles in children under 15 years of age, England and Wales.



Mean annual death rate from whooping cough in children under 15 years of age, England and Wales.

Mean annual death rate from scarlet fever in children under 15 years of age, England and Wales.

IV. HEPATITIS B VACCINE MANDATES

Overview

Hepatitis B vaccination offers a glaring example of the disconnect between risk and policy. Whereas hepatitis B is a disease for which only a tiny portion of the U.S. population (mostly adults) is at risk, mandatory hepatitis B vaccination targets low-risk infants and schoolchildren selected for convenience.

The CDC[59] and the American Academy of Pediatrics (AAP)[60] recommend that newborn babies get the hepatitis B vaccine on their first day of life. Health care providers administer about 12 million doses to American babies in any given year.[61] However, unless the babies' mothers harbor the virus (determined by routine prenatal blood testing), newborns are probably the least likely human beings on the planet at risk of actually getting hepatitis B. Infection risks are also extremely low for young school-age children, but—in all but two states (Alabama and South Dakota)—three to four doses of hepatitis B vaccine are not only recommended but mandated for preschool attendance, K-12 education or both.[62]

New cases of hepatitis B were low in the 1970s; although they began climbing in the early 1980s (coincident with the HIV/AIDS epidemic), they then started falling again.[63] The CDC began recommending hepatitis B vaccination on a limited basis in 1982 for the small population of at-risk adults (and infants of infected mothers),[64] but even with this measure, the agency attributed the decline in hepatitis B cases during the 1980s and early 1990s to "reduction of transmission among men who have sex with men and injection-drug users, as a result of HIV prevention efforts."[65]

Whereas hepatitis B is a disease for which only a tiny portion of the U.S. population (mostly adults) is at risk, mandatory hepatitis B vaccination targets low-risk infants and schoolchildren selected for convenience.

At the time, hepatitis B was a relatively "obscure" infection of "little direct relevance to most Americans," but in the early 1990s the "picture of hepatitis B being held up before Americans" changed,[66] as the CDC began promoting a more comprehensive hepatitis B vaccine dragnet.[67] With a stark shift in policy emphasis[68] toward universal vaccination for all newborns (1991),[69] adolescents (1995)[70] and children through age 18 (1999),[71] "a vaccine with a limited initial target population [came] to be accepted as compulsory for every child in the country."[72]

A Questionable Rationale

From the beginning, hepatitis B vaccines have had critics who question the public health logic of across-the-board hepatitis B vaccination for infants and children. Whereas the young people being vaccinated face little to no chance of hepatitis B infection, the vaccines impose significant risks,[73] including the risk of neurodevelopmental disorders, autoimmune illness and even death. In the decade from 1991 to 2001 (when hepatitis B vaccines contained the mercury-based preservative thimerosal), vaccine exposure in early infancy resulted in an estimated 0.5-1 million U.S. children being diagnosed with learning disabilities, representing lifetime costs in excess of $1 trillion.[74] Other hepatitis B vaccine ingredients (including aluminum adjuvants[75] and yeast[76]) as well as the vaccines' use of recombinant DNA technology[77] have been linked to a variety of adverse outcomes.

In 1986 (five years before the CDC began pushing for vaccination of all newborns), the nation documented fewer than 280 cases of hepatitis B infection in children under age 14; by 2006, the Vaccine Adverse Event Reporting System (VAERS) had received over 23,000 reports of adverse events related to hepatitis B vaccination in the 0-14 age group, including nearly 800 deaths.[78]

In congressional testimony in 1999, the father of a five-week-old who died immediately following a hepatitis B shot described a 20:1 ratio of VAERS reports compared to cases of hepatitis B infection in the 0-1 age group (likely an underestimate due to VAERS under-reporting).[79] Given that the vaccine has been shown—by the CDC itself—to wear off well before the age of any likely exposure to hepatitis B virus,[80] the father concluded that hepatitis B mandates for newborns represented a "teaming up" of "ravenous corporate greed and mindless bureaucracy" against "common sense."[81]

The Outdated Legal Context for Mandates

As discussed in Section II (**U.S. Mandates: How Did We Get Here?**), the legal framework used to justify compulsory childhood vaccination—including hepatitis B vaccine mandates for preschoolers—is astonishingly out-of-date. The U.S. Supreme Court has not addressed compulsory vaccination in any depth for over a century and has not revisited the issue at all since 1922, despite the fact that "the contours of the vaccine issue have changed fundamentally since the early 1900s."[82]

Children's Health Defense General Counsel Mary Holland makes these and other points in a far-reaching discussion of hepatitis B vaccine mandates in the *Yale Journal of Health Policy, Law, and Ethics*, published in 2012.[83] As already discussed in Section II, the 1905 Supreme Court decision that set the stage for vaccine mandates (*Jacobson v. Massachusetts*) did so in response to the "markedly different" one-disease-one-vaccine context of smallpox.

The hepatitis B vaccines impose significant risks, including the risk of neurodevelopmental disorders, autoimmune illness and even death.

Although the Court upheld smallpox mandates, in most cases, noncompliant individuals faced no worse than a relatively small monetary fine. Subsequent courts, however, "have used *Jacobson* to justify results that the original decision did not condone: vaccination mandates exclusively for children with no imminent disease outbreaks and with serious penalties for noncompliance"—not just forfeiture of the right to an education but also outcomes such as "social isolation, parents' loss of custodial rights, child-neglect sanctions against parents, and, even, forced vaccination."

Holland finds the constitutionality of hepatitis B vaccine mandates for preschoolers questionable, particularly in light of other legal precedents. What might happen if today's Supreme Court were to evaluate a legal challenge to a state's hepatitis B mandate? Although the Court's historical track record displays a legal tug-of-war between limits set on individual liberty and support for individuals' "fundamental claims to bodily integrity and autonomy," Holland suggests that the Court's fairly reasoned answer to each of the following six questions ought to be a clear "no."

1. *Is there a sufficient* **public health necessity** *to impose a preschool hepatitis B vaccination mandate?* Holland observes that "neither the federal government nor states have alleged that [hepatitis B] transmission among preschoolers is a serious threat to public health."

2. *Does a vaccination mandate for preschoolers constitute a* **reasonable means** *of addressing hepatitis B in broader society?* At least two factors undermine the presumption of reasonableness, including shockingly inadequate safety testing in the targeted age groups (infants and young children) and poor long-term efficacy. The prelicensure clinical trials for GlaxoSmithKline's Engerix-B vaccine monitored about 5,000 subjects (adults and children) for just four days following administration of the vaccine, without disclosing the proportion of subjects who were children, or their ages.[84] The pediatric prelicensure trials for Merck's Recombivax HB vaccine involved a grand total of 147 infants and children "monitored for five days after each dose."[85]

3. *Is a hepatitis B vaccination mandate* **proportionate** *to the risk of disease (i.e., do disease risks outweigh vaccine risks)?* Holland states that "this would be very difficult to prove since incidence of the disease in the preschool population is exceedingly low, yet the risks of adverse events from the vaccine, including anaphylaxis, encephalopathy, and death, are well-documented."

4. *Does the government provide for* **harm avoidance** *and offer a fair process for allowing medical exemptions?* Medical exemptions were one of the core requirements established by the 1905 *Jacobson* decision. A federal policy that arm-twists parents into vaccinating their newborns—whose medical history is largely a blank slate—"makes harm avoidance almost impossible."

5. *Is the hepatitis B vaccination mandate* **non-discriminatory***?* A mandate imposed on young children "not primarily for their benefit" can be construed as arbitrary and discriminatory in application.

A mandate imposed on young children not primarily for their benefit can be construed as arbitrary and discriminatory in application.

6. *Do parents have a* **"liberty interest** *in being able to refuse an unwanted medical intervention"?* Holland notes that the Court has "repeatedly acknowledged that the right to bodily integrity and to refuse unwanted medical treatment is deeply rooted in the historical traditions of the United States."

Prescient Justices

Holland's conclusion is straightforward: The hepatitis B vaccination mandate "has failed to honor young children's liberty, equal protection, and health." In support of this conclusion, she cites comments by three past Supreme Court Justices over the century since *Jacobson:*

- Justice Harlan foresaw, in 1905, that mandates "might be exercised . . . in such arbitrary, unreasonable manner, or might go so far beyond what was reasonably required for the safety of the public, as to authorize or compel the courts to interfere for the protection of such persons."
- In 1942, Justice Jackson cautioned that "There are limits to the extent to which a legislatively represented majority may conduct biological experiments at the expense of . . . a minority."
- And in 1990, Justice Stevens discussed the "sanctity, and individual privacy, of the human body" as "obviously fundamental to liberty," adding that "every violation of a person's body is an invasion of his or her liberty."

Holland also reminds us that the millions of doses of hepatitis B vaccine administered to babies every year represent "a substantial annual income stream" for vaccine manufacturers—in this instance, Merck and GlaxoSmith-Kline (see **A Commercial Success**).[86] Vaccine companies' freedom from liability for injuries and deaths related to childhood vaccines also creates manifold financial motivations to continue to expand vaccine recommendations and mandates, says Holland, even when the latter do not lead to "optimal or even rational public health outcomes."

Vaccine companies' freedom from liability for injuries and deaths related to childhood vaccines creates manifold financial motivations to continue to expand vaccine recommendations and mandates, even when the latter do not lead to optimal or even rational public health outcomes.

A Commercial Success

A 2017 article in the journal *Studies in History and Philosophy of Biological and Biomedical Sciences* explores the "landmark" role played by recombinant hepatitis B vaccines in growing the medical biotechnology sector. Merck's Recombivax vaccine was the first vaccine to be developed using recombinant DNA technology. The authors state:

> *. . . [B]etween the 1960s and the 1990s, the "vaccine innovation system" underwent a major shift, from a predominantly publicly-funded, public-health-oriented enterprise in the years after the Second World War, to one dominated by private industry, including the new biotechnology sector. . . . [Some authors] see the advent of the recombinant hepatitis B vaccines as symbolic of that shift. In the present paper, we show that it was not just symbolic; it was instrumental.*

Whereas initial market expectations for the new hepatitis B vaccines were "decidedly modest," the authors argue that several factors made the vaccines "far more commercially successful than anticipated," with consequential results:

> *The unexpected commercial success of the recombinant hepatitis B vaccines marked a turning point in the fortunes of the nascent biotechnology industry. [. . .] For the big pharmaceutical companies, . . . the success of the recombinant hepatitis B vaccines helped to rehabilitate the idea that vaccines could be worth investing in, paving the way for the development of other highly profitable vaccines, including the first "blockbuster" vaccines against human papilloma virus.*

Source: Huzair F, Sturdy S. Biotechnology and the transformation of vaccine innovation: the case of the hepatitis B vaccines 1968-2000. *Stud Hist Philos Biol Biomed Sci* 2017;64:11-21.

V. ANTI-PARENT PROPAGANDA

Overview

As we have seen, an increasingly tyrannical government-pharmaceutical industry partnership wants to vaccinate 100% of children from the womb on, no matter the child's state of health or the family's beliefs—and in spite of vaccination's demonstrated failure to live up to its silver bullet promises.[87] With COVID-19, this public-private behemoth is now coming after the adult population as well.

One formidable interlocutor—the informed parent—has always stood in the way of a complete victory over children. From the point of view of those who seek to impose vaccination at all costs, there is an obvious way to deal with these troublesome parents—recast them as the villains! And presto, an anti-parent campaign is unfolding, right on cue. The clever playbook to discredit parents includes multiple strategies ranging from the insidious to the overt, not least of which is the general vilification of so-called "anti-vaxxers." Other strategies include reframing parental concerns about vaccine safety as "barriers";[88] deploying media-savvy vaccine industry shills to inflame anti-parent sentiment;[89] and laying down a legal[90] and medical[91] foundation to allow children to consent to vaccines without parental permission. In the United Kingdom, government officials are considering making it a criminal offense for parents and others to post anything the government views as "anti-vaccine propaganda" on social media,[92] and UK officials are even "calling for a clamp down on parents speaking to each other at school gates"![93] In each case, the paternalistic implication is that benighted parents are not acting in their children's best interests and that experts know best.

Insulting Parents' Intelligence

The case of Ethan Lindenberger—an unvaccinated high school senior who reportedly rushed to get multiple

The clever playbook to discredit parents includes reframing parental concerns about vaccine safety as "barriers"; deploying media-savvy vaccine industry shills to inflame anti-parent sentiment; and laying down a legal and medical foundation to allow children to consent to vaccines without parental permission.

vaccines as soon as he turned 18—is perhaps the best-known example of the strategy to depict non-vaccinating parents as dangerous ignoramuses.[94] In February 2019, U.S. and international media catapulted the Ohio teen to public attention, with reports and interviews appearing simultaneously in *The Washington Post, People* magazine, NPR, *CBS This Morning, Good Morning America*, the BBC and numerous other outlets—all applauding Lindenberger for having turned to Reddit to criticize his "kind of stupid" parents and find out where to get vaccinated.[95] Within a few short weeks of this media blitz, Lindenberger was furnishing testimony at a March 2019 Senate hearing titled "Vaccines Save Lives,"[96] followed by a TED talk in April,[97] meetings with social media executives in May[98] and testimony at the United Nations in June.[99]

In August, 2019, a deeply researched video dissection of the "Lindenberger hoax"[100] pointed out that the baby-faced vaccine apologist had emerged at just the right time to advance the public relations agenda of the CDC and vaccine manufacturers. According to the video, Lindenberger's story helped buttress efforts to (1) undo the Trump administration's 20% cut in the CDC's budget, (2) push back against the growing proportion of American two-year-olds receiving no vaccines (1.3% in 2015, up from 0.9% in 2011) and (3) soften or eliminate parental consent requirements for adolescent vaccines.

As shown in the video, numerous elements of the Lindenberger story are suggestive of a carefully crafted public relations exercise. First, Lindenberger showed early signs of being "handled by someone with close ties to GlaxoSmithKline" (GSK). The video cites his appearances at public events with GSK experts, as well as the rather peculiar assortment of vaccines Lindenberger received: three vaccines manufactured by GSK (hepatitis A/B, tetanus-diphtheria-pertussis and influenza) and one (Gardasil) made by Merck but also lucrative for GSK because of a cross-licensing and settlement agreement between the two companies.[101] Merck gives GSK 10% to 18% of every Gardasil sale—meaning that in this instance, according to the video narrator, "a sale for Merck is a sale for GlaxoSmithKline."

Perhaps due to the influence of his handlers, Lindenberger's story changed over time. In his original November 2018 Reddit post, the teen focused on the mainstream media—not social media—as the source of his mother's vaccine "misinformation." By the time of his Senate testimony in March 2019, the video shows that Lindenberger was "knowingly" peddling the "materially false and fictitious" tale that his mother, Jill Wheeler, was a prodigious anti-vaccine activist on Facebook. In reality, Wheeler had made a sum total of six Facebook posts on the topic ever (in 2015 and 2016)—and the 2015 post trotted out by *CBS News* as proof of her Facebook engagement had only one like from Wheeler herself. However, in various media appearances, Wheeler never contradicted the false information provided by her son. Moreover, she made a puzzling claim about hating public speaking despite being a lifelong actress and drama teacher with performance reportedly baked into her DNA.[102] As of August 2019, Wheeler had relocated to Texas to launch a well-publicized children's theater company.[103]

To cap off the family drama, Lindenberger's older brother attended the Senate hearing and described himself to all who would listen as an avowed libertarian

opposed to vaccination. After the hearing, however, observers filmed him being whisked into a closed-door conference room by one of his brother's handlers. Some months later, he, too, publicly declared that he had been persuaded to a pro-vaccine viewpoint.

Inflaming Anti-Parent Sentiment

In the current climate of divide-and-conquer politics and media censorship, we are witnessing numerous efforts to pit the pro-vaccine camp against those who are vaccine-risk-aware while impeding meaningful exchanges between the two sides. Internet sites and social media are now rife with sarcastic, vitriolic and even violent posts directed against "anti-vaxxers." Far from displaying any willingness to engage in dialogue, these writers display an ill-disguised hostility that characterizes parents who make thoughtful vaccine decisions as "idiots" and "cruel" and "terrible" parents.

While the vaccine propagandists are happy when they can trot out a teen like Ethan Lindenberger who "defied" and "broke with" his parents to get vaccinated,[104] perhaps even more useful are *parents* who recant their views—seemingly undergoing their own "transformation" from "anti-vaxxer" to "ardent proponent of childhood vaccines."[105] In August 2019, teeing up the media's support for the September passage of SB 276 in California,[106] a formerly non-vaccinating mom branded those who question vaccination as the "drunk drivers of public health"—and declared that she not only endorsed the measure to drastically limit medical exemptions but was proud of the "precedent" being set for vaccine laws in other states.[107]

Alarmingly, vaccine professionals are also using their bully pulpit to wield violent anti-parent propaganda. In 2017, a prominent vaccine developer and industry spokesman got major media attention for his ominous calls to "snuff out" the antivaccine movement, and he continues to make similarly provocative statements.[108] Most recently, his hostile stance toward vaccine-risk-aware parents was evident in remarks accusing parents of standing in the way of their children's rightful "access" to vaccines.[109]

Removing Parental Knowledge and Consent

Most parents take their responsibility to protect their children very seriously. However, judging by the growing number of publications and organizations calling for changes to vaccine consent laws,[110] it seems clear that many vaccine officials would prefer to sidestep this parental bulwark. Why expend any effort on convincing or bullying parents into vaccinating if one can gain direct access to children through schools without parental permission?

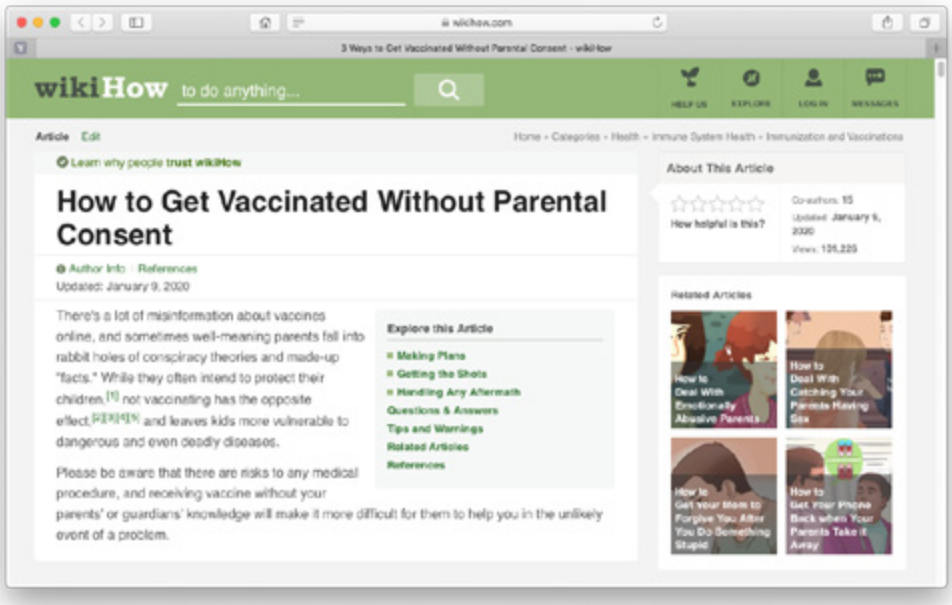
This perspective was on prominent display in a July 2019 article in the *New England Journal of Medicine*.[111] Although the authors concede that "most states would need to make substantive changes to laws governing medical consent" in order for minors "to choose to be vaccinated over parental objections," the authors are all for it—and they share the American Medical Association's opinion that children as young as 12 are capable of making these complex medical decisions on their own.[112] From the authors' vantage point, overriding parental permission would have numerous advantages, including allowing children "to catch up on any missed childhood vaccines" and improving adolescent vaccine uptake. While the authors pay lip service to the importance of parental involvement in vaccination decisions, they conclude that teen and preteen consent would pose "minimal" risk while offering "substantial prosocial

Why expend any effort on convincing or bullying parents into vaccinating if one can gain direct access to children through schools without parental permission?

benefits, including reinforcement of the norm of vaccination."[113]

Certainly, few young people read the *New England Journal of Medicine*, but popular online communities like wikiHow are a different story. Reinforcing the message that taking action behind parents' backs is a legitimate and risk-free approach to childhood vaccination, wikiHow posted a "How to get vaccinated without parental consent" page in January, 2020 (see **wikiHow's Unsafe Advice to Teenagers**).[114] The range of sleazy tips wikiHow offers includes encouraging minors to lie to their parents; providing guidance on how to shop around for a clinic that can "help"; telling youth to "get vaccinated in secret" (while scheduling their secret vaccinations just before a weekend or school break because "vaccines often involve mild side effects like lowered energy"); advising teens to concoct a "cover story"; and even—if the youth's parents are "really bad"—telling adolescents to "petition the court for emancipation." The webpage also links to other wikiHow pages with titles like "How to deal with anti vaxxers," "How to get your phone back when your parents take it away," "How to deal with emotionally abusive parents" and "How to accept that your parents don't understand you." wikiHow, a for-profit company "focused on achieving a social good,"[115] is an enthusiastic Google partner;[116] Google, in turn, has made partnerships with the pharmaceutical industry a major prong of its corporate strategy.[117]

Finally, the burgeoning scientific literature on "vaccine hesitancy" is also promoting an anti-parent message, much of it dressed up in the veneer of impersonal academic research. The "vaccine-hesitant" moniker encompasses not just parents who dissent from even *one* of the approximately 70 vaccines currently administered to children and adolescents, but also parents who accept the premise of vaccination but wish to follow an alternative vaccine schedule. From vaccine hesitancy researchers' perspective, beliefs that factor into a parental decision to decline one or more vaccines are all "barriers" to be eliminated rather than legitimate concerns to be taken seriously.[118] From parents' perspective, however, both law and science support their worries about too many vaccines, potentially serious side effects, adverse impacts on their child's immune system, overstated claims about vaccine efficacy, vaccine mandates and government overreach.



wikiHow's Unsafe Advice to Teenagers

With no liability for the consequences, wikiHow's "How to get vaccinated without parental consent" webpage is filled with numerous inaccurate statements that downplay the risk of vaccine adverse events. For example, wikiHow tells young people that "severe reactions to a vaccine are quite literally one in a million" and states that the aluminum and mercury in vaccines have both been "tested thoroughly, and are associated with little to no risk." It also advises readers to get the human papillomavirus (HPV) vaccine if they "want to do any kind of sexual activity or want to be safe from [HPV] if [they] are sexually assaulted."

What about if a young person needs medical attention after getting vaccinated? Two out of the three options proposed by wikiHow involve hiding the truth from parents:

1. *Tell your parents you were vaccinated (if you don't think they'll cause you physical or mental harm for it),*
2. *Tell them what you're experiencing without telling them you got vaccinated and then tell the doctor privately about the vaccination, or*
3. *Get help from another trusted adult.*

VI. A GLOBALLY COORDINATED AGENDA

Overview

The push for vaccine mandates is playing out not just in the U.S. but in other countries as well, reflecting a broader—and indeed, global—agenda. Western European countries such as Italy,[119] France,[120] Germany[121] (home of the Nuremberg Code) and various Central European countries have been particularly aggressive in transitioning away from government interventions that "merely nudge or persuade individuals to vaccinate" and toward a more punitive exercise of "coercive power"[122] (see **Coercive Vaccination Policies: Central European Examples**). In Australia, meanwhile, a 2016 "No Jab, No Pay" law now withholds thousands of dollars in childcare subsidies from parents branded as "vaccine refusers," and some Australian states restrict unvaccinated children's access to child care altogether.[123] These trends have now come to a head with the global push for COVID-19 vaccine mandates.

An Interconnected Global Network

One of the primary cover stories that governments are using to justify the fierce uptick in vaccine coercion is the argument that infectious diseases pose a threat to national security. Measles was the overblown threat *du jour* in 2019,[124] while around the world, officials and media kept the public in the

Coercive Vaccination Policies: Central European Examples

A wide range of vaccination policies are possible, from the completely voluntary to the aggressively coercive. Some nations promote vaccination but leave the final decision up to the individual, while others push harder by financially incentivizing vaccination or imposing financial penalties for non-vaccination. Some vaccine mandates are limited to a single vaccine (such as polio or measles), or governments may have broader mandates on the books but choose not to enforce them.

Three Central European countries illustrate the more coercive end of the spectrum:

- **Slovenia:** Vaccine refusal contravenes three different laws and can incur fines up to 500 euros. Unvaccinated children are not allowed in nurseries, preschools, or kindergartens—and the state exacts harsh penalties from the schools (up to 18,500 euros) if they admit an unvaccinated child. Slovenia does allow for medical exemptions and provides compensation in cases of injuries caused by mandatory vaccinations.
- **Slovakia:** In Slovakia, "no objection to vaccination is possible." In a country that is 70% Catholic, the authorities do not accept religious objections to abortion cell cultures in the MMR vaccine as a basis for refusal. Fines are in the vicinity of 330 euros.
- **Poland:** In Poland, those who refuse vaccines are fined, but "even when paid, [the fine] does not relieve parents of a vaccination obligation and no compensation is offered in case of adverse events."

Source: Zagaja A, Patryn R, Pawlikowski J, Sak J. Informed consent in obligatory vaccinations? *Med Sci Monit* 2018;24:8506-9.

dark about "measles vaccine risks."[125] They are now focusing their fear-mongering on COVID-19, again downplaying vaccine risks.

In 2014, the Global Health Security Agenda (GHSA) formed to "elevate global health security as a national and global priority."[126] One of the eleven "Action Packages" to which GHSA stakeholders agreed was an "Immunization Action Package" that just so happened to use measles vaccine coverage as its proxy indicator for success.[127] Considering that the Action Package's aim is to marshall regional and global collaboration to "accelerate" vaccine coverage, how should we construe the measles hysteria that international organizations,[128] governments and the media fomented after the GHSA's creation? And now, how should we evaluate the COVID-19 panic that governments and the media have fostered?

Although generally not in the media spotlight, the GHSA attracted high-level attention and commitments from the powerful from the get-go. Within four months of its February 2014 launch, the GHSA received a key endorsement from the G7,[129] and in September of that year, President Obama hosted the new entity's first major meeting at the White House while conspicuously ignoring CDC whistleblower William Thompson (see **Sidelining Whistleblowers**).[130] In late 2016, then-outgoing President Obama signed an Executive Order that "cemented" the GHSA "as a national, presidential-level priority" and positioned the U.S. "as a committed, long-term catalyst" for executing the partnership's goals.[131]

At present, the GHSA has 67 member countries.[132] Taking the concept of an "interconnected global network" to an entirely new level, numerous public and private "advisory partners" are also in on the push for unitary action, including various United Nations (UN) agencies, the World Health Organization (WHO), the World Bank, the African Union, the European Union (EU) and even, somewhat ominously, Interpol.[133]

The GHSA promotes external country-level evaluations[134] to assess, among other measures, steps taken to prevent infectious disease threats—with "prevention" defined as "high immunisation coverage"[135]—and improve surveillance (via detection, assessment and reporting of "public health events").[136] The U.S. was one of the first countries to step up for an assessment,[137] conducted in close collaboration by external evaluators and the CDC.[138] (The CDC head at the time was Thomas Frieden, praised by Obama as "an expert in preparedness and response to health emergencies"[139] but arrested in 2018 on charges of sexual abuse.[140]) The evaluators gave the U.S. top scores for measles vaccine coverage and "national vaccine access and delivery" while awarding lower scores for "dynamic listening and rumour management" and "communication engagement with affected communities."[141]

Other international initiatives buttress the GHSA, including the WHO-coordinated International Health Regulations (IHR) established in 2005 (a 196-nation accord to "work together for global security")[142] and Target 3.8 of the UN's Sustainable Development Goals (SDGs), which promotes access to "essential medicines and vaccines for all" as part of a push for "universal health coverage" (UHC).[143] Reflecting the globally focused zeitgeist, proponents of these intertwined initiatives are fond of celebrating "more joined-up thinking," "merging of approaches," "mutually reinforcing agendas" and "synergy between health system strengthening and health security efforts."[144]

Mandate Mania

At the end of 2014, the EU made a point of declaring vaccination an important

Sidelining Whistleblowers

The first major meeting of the Global Health Security Agenda (GHSA) in September 2014 took place just a few weeks after CDC whistleblower William Thompson issued his earth-shattering revelations of CDC vaccine fraud on August 27. Distracting the public from Thompson's shocking disclosures, GHSA meeting participants instead solemnly declared: "A biological threat anywhere is a biological threat everywhere, and it is the world's responsibility to respond as one."

Sources: https://www.rescuepost.com/a/6a00d8357f3f2969e201b8d05e4614970c-pi

https://obamawhitehouse.archives.gov/the-press-office/2014/09/26/statement-chair-global-health-security-agenda-white-house-event-septembe

public health tool, which the European public health community interpreted as "a crucial step to strengthen EU action supporting Member States . . . to implement effective immunization policies and programs."[145] With this groundwork laid, Italy—a G7 member—volunteered to spearhead the GHSA's Immunization Action Package[146] and also became one of the first countries to ramp up its own vaccine mandates. With massive investments by GlaxoSmithKline in Italy,[147] where better to start than on the home front?

Although a change in government initially delayed implementation of Italy's 2017 compulsory vaccination decree, in early 2019, citing a "surge in measles cases," the government told Italian parents not to bother sending their youngest (under age six) children to school if unvaccinated, and promised to impose fines of five hundred euros for older unvaccinated children attending school.[148] Likewise, in France, "non-vaccinated children cannot be admitted to any kind of collective institutions such as nurseries, kindergarten, schools or any social activity if they have not complied with the vaccine mandates."[149] In March 2020, Germany intends to follow suit with a measles vaccine mandate, making the vaccine compulsory for preschool and school attendance and levying a 2,500-euro fine (roughly $2,800) for noncompliance.[150]

Blowback

With measles headwinds at their back, there is little doubt that decision-makers view mandated vaccination for school attendance as a winning strategy[151] and that use of this strategy is growing.[152] The WHO did its part to help the global effort by placing measles front and center when it declared vaccine hesitancy—the "reluctance or refusal to vaccinate"—one of the world's top ten health threats for 2019.[153]

Clearly, those seeking to override national idiosyncracies consider it "game on" in their push to impose a one-size-fits-all global vaccination agenda. However, one-size-fits-all proponents might want to consider the warning published in 2018 showing that "mandatory immunization does not guarantee improved vaccine uptake rate."[154] After reviewing the ethical, legal and public health implications of vaccine mandates, a consortium of international researchers concluded that not only is there "meager evidence" that "hard mandates" are beneficial, but mandates may have unintended consequences such as exacerbating "negative vaccine sentiments."[155] The authors also noted the potential for the public to raise questions "about whose agenda is being served by mandatory programs," citing Serbia as an example of the blowback:

> *In Serbia, the government responded to the fall in MMR immunization and 2014/2015 outbreak of measles with substantial tightening of mandatory immunization and harsher penalties. As they had not addressed the problem with the families and the general public, the response to the tightened law was heightened anti-vaccine sentiments and enhanced attention to negative vaccination messages in the media. [. . .] Now, the vaccine uptake problem is compounded by low confidence in the program, which may have been further undermined by the new harsher penalties.*[156]

In December, 2019, some of the world's leading vaccine experts acknowledged—behind closed doors—that vaccines can be fatal, that safety studies and monitoring are inadequate and that vaccine adjuvants are risky, among other major problems.[157] In light of these confessions, it would appear that the public's questions and lack of confidence are well justified.

A consortium of international researchers concluded that not only is there meager evidence that hard mandates are beneficial, but mandates may have unintended consequences such as exacerbating negative vaccine sentiments.

VII. WHERE DO WE GO FROM HERE?

Overview

Children's Health Defense believes that it should be the parents' choice—not the government's—to decide what goes into their children's bodies and adults' choices to decide if and when to vaccinate themselves. Recent events in California,[158] New York,[159] New Jersey,[160] Maine[161] and elsewhere suggest that citizens representing a wide spectrum of religious and political affiliations agree—and are not going to back down. Whether they choose to engage in protests, lawsuits or other actions, the public apparently has learned the lesson that officials have not—namely, that tougher and more coercive vaccination policies fuel mistrust, polarization and tyranny[162] (see **What Is at Stake?**). As researchers recently wrote, "Vaccine mandates are not only a population health instrument, but a political one."[163]

Barreling Toward Us

The legislation passed in September 2019 in California and the proposed New Jersey legislation that went down

What Is at Stake?

"[W]hat is really at stake when we talk about mandates or compulsion is total public compliance with as many products as a government bureaucracy cares to nominate. [. . .] [I]f the public have to have everything potentially an industry produces (as is increasingly the case already in the United States and is perhaps proposed by the European Commission) then we have entered the realms of extreme tyranny and thoughtlessness. The very fact that public debate about it is being widely stamped on is itself a matter for deep concern and mistrust. [. . .] While the prevention of disease may in itself be a good thing, it cannot be a pretext for removing the most basic human rights, or ignoring human dignity. We seem to have forgotten everything we ever learned in the 74 years since the Second World War. I see no evidence as I look around that the governments of the world have really become so benign and wise that we can just defer to them in this way."

Source: Stone J. Measles, the Trojan horse to compliance with an unending list of products. *BMJ* 2019;367:15995.

to defeat in early 2020 are indicative of what may be coming down the pike in other states. Among numerous new provisions pertaining to medical exemptions, California's SB 276 will now trigger automatic review by the California Department of Public Health (CDPH) of any doctor who provides five or more medical exemptions in a calendar year.[164] If the CDPH determines that "there is a pattern of granting exemptions based on clinical information that does not conform to the standard of medical care, there is potential that a provider's ability to complete further exemptions will be suspended and the doctor will be reported to the California Medical Board."[165]

The failed vaccine bill aggressively pushed by New Jersey legislators (NJ S2173)[166] would have repealed the state's long-established religious exemption. As originally written, the bill pertained to "children attending any school in the state"; last-ditch amendments to permit private-school students and siblings of vaccine-injured children to continue to obtain exemptions prompted outrage at the carve-out for wealthier families, and, in the end, contributed to halting the bill in its tracks.[167] (As one New Jersey citizen commented, "[I]t just proves that it's not a public health issue. So, kids are fine for private schools and healthy and in public [schools] they're a danger? A menace to society? That's ridiculous."[168]) In an opinion piece written shortly after the bill's defeat, an independent journalist noted that neither of the bill's two Senate cheerleaders had furnished any data to corroborate their assertion that vaccine safety science is "settled" or to answer "vaccine-sensible" parents' questions about the potential for "intensified negative side effects" resulting from the accelerated catch-up schedule that the bill's passage would have imposed on numerous children.[169] Given that New Jersey has the highest

autism rates in the nation,[170] these concerns were highly pertinent.

Asking the Right Questions

As governments unconscionably fail to subject vaccines and vaccine mandates to rigorous scrutiny free from conflicts of interest, the public and ethical professionals must step into the breach—and get creative.[171] In one U.S. community, citizens put public health authorities on the defensive when the latter attempted to impose an HPV vaccine mandate, citing the epidemic of autoimmunity in today's youth and the "exorbitant" amount of neurotoxic aluminum in vaccines and questioning the rationale to "get a vaccine for something that can't be caught in a classroom."[172] A parent responding to the news article reasonably asked, "Why should I as a mother trust the Public Information Officer for the state Department of Health when he cannot even name the amount of aluminum in the vaccine?"[173]

Legislators who are contemplating new vaccine mandates or repeal of vaccine exemptions should recognize that the hysterical propaganda about international disease outbreaks, whether COVID-19 or measles, has fostered a situation with "echoes of WMD [weapons of mass destruction]"—and "policy is being hi-jacked."[174] Rather than allowing themselves to be bought by

As governments unconscionably fail to subject vaccine mandates to rigorous scrutiny free from conflicts of interest, the public and ethical professionals must step into the breach—and get creative.

the pharmaceutical industry, legislators should be addressing financial conflicts of interest, insisting on the highest standards of vaccine safety and questioning both the overt and underlying premises of unjustifiable vaccine mandates (see **Some Questions Legislators Should Be Asking**).

Taking Action

In many states, parents, legislators and other concerned citizens are fighting to prevent mandates and keep personal belief and religious exemptions in place—or expand exemptions. The Children's Health Defense mandates toolbox includes numerous resources to support these efforts, including information for legislators; examples of model and current legislation; resources on vaccine safety, the Vaccine Adverse Event Reporting System (VAERS) and the National Vaccine Injury Compensation Program (NVICP); helpful charts and graphs; links to published papers and reproducible Children's Health Defense articles; and action alerts.[186]

A number of states proposed positive legislative actions in 2019 and early 2020. Although COVID-19 subsequently prevented them from being enacted into law, they provide models worth renewing and pursuing:

- **Introducing conscientious beliefs exemptions:** A bill under consideration in Hawaii stated that "individuals and parents of minor children should have the freedom to make an informed and voluntary risk-benefit decision," including "consideration of family and individual medical histories, vaccine ingredients, potential adverse reactions listed in the manufacturer's package inserts, and the universal statement that such vaccine 'has not been evaluated for its carcinogenic or mutagenic potential or impairment of fertility.'" Citing the Nuremberg Code and the principle of informed consent, the bill also asserted "the right to exercise a conscientious exemption to the mandatory use of one or more vaccines without penalty, exclusion, or harassment."[187]

- **Requiring mandates to be supported by scientific evidence:** As mentioned previously, the senators seeking to repeal New Jersey's religious exemptions

Some Questions Legislators Should be Asking

1. **How can legislators make consequential measles vaccination policies without information about the proportion of measles cases caused by the vaccine?** Measles symptoms can arise from either wild-type measles or the vaccine strain of measles virus[175]—but the lab testing[176] that is necessary to tell the difference between the two is rarely done. When scientists performed laboratory virus sequences for 194 U.S. measles cases in 2015, almost two in five (38%) were MMR vaccine sequences.[177]

2. **How can officials consider vaccines effective when outbreaks regularly occur in fully or nearly fully vaccinated populations?** This includes many recent measles, mumps and pertussis outbreaks.[178] In the latest example (December 2019), a pertussis outbreak tore through a Catholic school with a 100% vaccination rate.[179] Study after study documents vaccine failure "despite high vaccine coverage."[180]

3. **What are the ramifications of turning school and day care center administrators into "enforcement agents" who must "pass information about non-compliance to authorities"?**[181] Vaccine mandates also pit parents against one another by offering benefits to "compliers" that they deny to "non-compliers."[182]

4. **What does it mean for a child's right to an education when mandates exclude unvaccinated children "for the duration of their education"?**[183] New Jersey parents recently branded this form of segregation as "Jim Crow 2.0." Academic researchers who recognize education as a "social determinant of health" have argued that linking vaccination to school attendance is both punitive and counterproductive.[184]

5. **What is the impact of vaccine mandates on the doctor-patient relationship?** Mandates grossly interfere with this privileged relationship, shutting down the potential for respectful health care interactions and turning doctors into state agents who have knowingly and willingly abandoned their Hippocratic oath to "first do no harm." A study of nurses charged with providing vaccine education to parents who requested nonmedical exemptions found that many nurses had more "complex and nuanced . . . evaluations of parents' judgments and feelings about vaccines" than vaccine mandates would allow; the nurses also held "consistent commitments to respect parents, affirm their values, and protect their rights."[185]

declared vaccine science "settled" without producing any science in support of their assertion. The children and families implicated in proposed vaccine mandates have a right to see and query legislators' evidence base.

- **Requiring health care professionals who administer vaccines to provide parents with critical information about vaccine risks:** The Arizona legislature considered a bill that would have required provision of risk-benefit information, the manufacturer's product insert, the CDC's list of vaccine ingredients and instructions on how to report a vaccine adverse event.[188] Health providers already are legally required to give out two-page vaccine-specific Vaccine Information Statements prior to every dose administered, but many do not adhere to this obligation.[189]

- **Implementing "Parents' Bill of Rights" laws, including upholding parental consent requirements for vaccination:** Florida legislators reviewed a parental rights bill that included, among other rights, "the right to make health care decisions for his or her minor child."[190] The similar legislation proposed in Arizona would have explicitly prohibited vaccination without the parent or guardian's consent.[191]

- **Requiring states to monitor vaccine adverse events:** Washington state legislators introduced a bill that would have required creation of an "adverse vaccine reaction monitoring program and a database to collect reports from persons who have had an adverse reaction following the administration of a vaccine approved by the federal [F]ood and [D]rug [A]dministration."[192]

Every state has one or more vaccine risk awareness groups—these grassroots entities represent the backbone of state-level efforts to resist erosion of informed consent and vaccine choice. These critical organizations should be the first stop for parents who want up-to-date information on how to take action in their state.

Coercion Must Backfire

Like all medicines, vaccines come with sizeable risks. Fortunately, growing segments of the public are growing wise to the industry-government vaccine shell game that not only seeks to hide well-documented risks through fake studies and censorship but also is working to take all exemptions off the table[193] while clipping the wings of dissenting parents.[194] In the era of COVID-19, citizens increasingly recognize that vaccine programs are failing them on multiple fronts, including giving little deference to individual choice and bodily integrity and depriving parents of the "discretion to act in their own children's best interests."[195] Public health would be better served by policies that "take into account all the economic costs and health risks of vaccination," respect individual autonomy and provide vaccine consumers with complete information—recognizing that "prior, free, and informed consent is the hallmark of modern ethical medicine."[196]

Growing segments of the public are growing wise to the industry-government vaccine shell game that not only seeks to hide well-documented risks through fake studies and censorship but also is working to take all exemptions off the table while clipping the wings of dissenting parents.

EPILOGUE: COVID-19

With the advent of COVID-19, the trends described in the previous chapters have all converged into a steady drumbeat from authorities who are painting vaccines as the only answer. As soon as the World Health Organization declared COVID-19 a global pandemic on March 11, 2020, following an outbreak of a new respiratory coronavirus illness, it became clear that the race toward COVID-19 vaccine mandates had begun.

Pharma, government and the media have put extraordinary focus on the development of COVID-19 vaccines, almost to the exclusion of therapeutic interventions against the viral infection. Governments, the pharmaceutical and biotech industries, non-governmental organizations and private foundations have poured untold billions into COVID-19 vaccine development, purchases and distribution, including USD $12 billion from the World Bank, USD $10 billion from the U.S. government and "a few billion dollars" from Bill Gates and his foundation. While most of the public discourse about COVID-19 vaccines hasn't, thus far, explicitly addressed mandates, the subtext is perfectly clear: mandates for men, women, children and even infants are on the global "health security" agenda. Official pronouncements across the globe illustrate that the mandates are part of a broader "biosecurity" surveillance vision for the future.

When COVID-19 vaccines begin rolling out to the public, they will have been under development for scarcely one year—from lab testing through human clinical trials—and they will be deploying vaccine technologies that have never previously obtained regulatory approval. It is reasonable to assume, therefore, that they will be even less safe than existing vaccines that generally have taken ten years from testing to clinical trials. In addition, COVID-19 vaccines will likely confer even greater liability protections for manufacturers, health care practitioners and government planners than existing vaccines; at least in 2021, they will likely be covered by "emergency use authorizations" from the U.S. Secretary of Health and Human Services, making any compensation in the event of injury or death virtually impossible.

Pharma lobbyists and pay-to-play politicians are already lining up to consider state mandates for schools, employers and even for everyone in certain states. Because schools currently have the best infrastructure in place for vaccine mandate enforcement, they are likely to be some of the first mandate targets, despite the fact that children themselves appear to be at extremely low risk from this respiratory syndrome. Much like with the hepatitis B vaccine discussed in Chapter Four, the only rationale for imposing COVID-19 vaccine mandates on school-aged children is to benefit the population at large—not the children themselves.

Given the highly experimental nature of forthcoming COVID-19 vaccines, the existence of relatively effective therapeutic interventions and a survival rate of 99.5% or greater for anyone under the age of 70, there are sure to be significant legal challenges to any COVID-19 vaccine mandate. What is also apparent is that the global controversy over vaccine mandates is coming to a head: either governmental and intergovernmental bodies will succeed in coercing people to vaccinate, or people will overcome the efforts to deprive them of their fundamental rights and liberties. As Children's Health Defense founder Robert F. Kennedy, Jr. stated in an October, 2020 message to people around the world, the push for vaccine mandates is part of a larger battle:

"You are on the front lines of the most important battle in history, and it is the battle to save democracy, and freedom, and human liberty, and human dignity from this totalitarian cartel that is trying to rob us simultaneously, in every nation in the world, of the rights that every human being is born with.

REFERENCES

1 Miller J. Drug companies donated millions to California lawmakers before vaccine debate. *The Sacramento Bee*, June 18, 2015.

2 NYC mandatory measles vaccination violates NY state law, CHD challenges legality. Children's Health Defense, April 10, 2019.

3 AMA says mature 12-year-olds can consent to vaccination without parents—taking away the last barrier protecting innocent children from big pharma. Children's Health Defense, June 18, 2019.

4 Health committee votes yes to SB 276, "Pan's labyrinth." Children's Health Defense, July 1, 2019.

5 https://www.un.org/en/universal-declaration-human-rights/.

6 Holland M, Zachary CE. Herd immunity and compulsory childhood vaccination: does the theory justify the law? *Oregon Law Review* 2014;93(1):1-48.

7 Cantor JD. Mandatory measles vaccination in New York City—reflections on a bold experiment. *N Engl J Med* 2019;381:101-3.

8 Shuster E. Fifty years later: the significance of the Nuremberg Code. *N Engl J Med* 1997;337:1436-40.

9 Cocanour CS. Informed consent—it's more than a signature on a piece of paper. *Am J Surg* 2017;214(6):993-7.

10 Tech's fight against anti-vaccine content prompts free speech debate. *CBS News*, March 20, 2019.

11 Cantor, 2019.

12 Zagaja A, Patryn R, Pawlikowski J, Sak J. Informed consent in obligatory vaccinations? *Med Sci Monit* 2018;24:8506-9.

13 Institute of Medicine. *The Childhood Immunization Schedule and Safety: Stakeholder Concerns, Scientific Evidence, and Future Studies*. Washington, DC: National Academies Press (US); March 27, 2013.

14 Cantor, 2019.

15 Autism and vaccines around the world: vaccine schedules, autism rates, and under 5 mortality. Generation Rescue, Inc., 2009.

16 Holland M. Reconsidering compulsory childhood vaccination. New York University School of Law. Public Law & Legal Theory Research Paper Series, Working Paper No. 10-64, September 2010.

17 *Jacobson v. Massachusetts*, 197 U.S. 11 (1905).

18 *Zucht v. King*, 260 U.S. 174 (1922).

19 https://uscode.house.gov/view.xhtml?path=/prelim@title42/chapter6A/subchapter19&edition=prelim.

20 Holland, 2010.

21 Holland, 2010.

22 Laughing all the way to the bank: vaccine makers and liability protection. Children's Health Defense, May 23, 2019.

23 Holland MS. Compulsory vaccination, the Constitution, and the hepatitis B mandate for infants and young children. *Yale Journal of Health Policy, Law, and Ethics* 2012;12(1):39.

24 Holland, 2010.

25 Children's Health Defense. *Conflicts of Interest Undermine Children's Health*. April 2019.

26 Cáceres M. The misunderstood theory of herd immunity. *The Vaccine Reaction*, June 20, 2015.

27 Brelsford D, Knutzen E, Neher JO, Safranek S. Which interventions are effective in managing parental vaccine refusal? *J Fam Pract* 2017;66(12):E12-E14.

28 Holland and Zachary, 2014.

29 Giefing-Kröll C, Berger P, Lepperdinger G, Grubeck-Loebenstein B. How sex and age affect immune responses, susceptibility to infections, and response to vaccination. *Aging Cell* 2015;14(3):309-21.

30 Europeans, Africans have different immune systems, and Neanderthals are partly to thank. *ScienceDaily*, October 20, 2016.

31 Salleh MR. Life event, stress and illness. *Malays J Med Sci* 2008;15(4):9-18.

32 How to boost your immune system. Harvard Medical School, September 2014.

33 Langmuir A, Henderson DA, Serfling RE, Sherman IL. The importance of measles as a health problem. *Am J Public Health Nations Health* 1962;2(2) Suppl:1-4.

34 Vaccine vs. disease trade-offs: cheating children's immune systems. Children's Health Defense, December 13, 2018.

35 Unvaccinated children have much lower rates of chronic illness. Children's Health Defense, May 17, 2017.

36 Jelonek MT, Chang SJ, Chiu CY et al. Comparison of naturally acquired and vaccine-induced antibodies to Haemophilus influenzae type b capsular polysaccharide. *Infect Immun* 1993;61(12):5345-50.

37 Wiedermann U, Garner-Spitzer E, Wagner A. Primary vaccine failure to routine vaccines: why and what to do? *Hum Vaccin Immunother* 2016;12(1):239-43.

38 Burdin N, Handy LK, Plotkin SA. What is wrong with pertussis vaccine immunity? The problem of waning effectiveness of pertussis vaccines. *Cold Spring Harb Perspect Biol* 2017;9(12).

39 Leung T, Campbell PT, Hughes BD et al. Infection-acquired versus vaccine-acquired immunity in an SIRWS model. *Infect Dis Model* 2018;3:118-35.

40 Leung et al., 2018.

41 MMR vaccine's poison pill: mumps after puberty, reduced testosterone and sperm counts. Children's Health Defense, April 4, 2019.

42 Fefferman NH, Naumova EN. Dangers of vaccine refusal near the herd immunity threshold: a modelling study. *Lancet Infect Dis* 2015;15(8):922-6.

43 Fefferman and Naumova, 2015.

44 Qin Y, Liao P. Hepatitis B virus vaccine breakthrough infection: surveillance of S gene mutants of HBV. *Acta Virol* 2018;62(2):115-121.

45 Trotz-Williams LA, Mercer NJ, Paphitis K et al. Challenges in interpretation of diagnostic test results in a mumps outbreak in a highly vaccinated population. *Clin Vaccine Immunol* 2017;24(2):e00542-16.

46 Fisher BL. *The Emerging Risks of Live Virus & Virus Vectored Vaccines: Vaccine Strain Virus Infection, Shedding & Transmission. A Referenced Report from the National Vaccine Information Center*. 2014.

47 Hayman DTS, Marshall JC, French NP et al. Global importation and population risk factors for measles in New Zealand: a case study for highly immunized populations. *Epidemiol Infect* 2017;145(9):1875-85.

48 Barskey AE, Glasser JW, LeBaron CW. Mumps resurgences in the United States: a historical perspective on unexpected elements. *Vaccine* 2009;27(44):6186-95.

49 Gustafson TL, Lievens AW, Brunell PA et al. Measles outbreak in a fully immunized secondary-school population. *N Engl J Med* 1987;316(13):771-4.

50 Eriksen J, Davidkin I, Kafatos G et al. Seroepidemiology of mumps in Europe (1996-2008): why do outbreaks occur in highly vaccinated populations? *Epidemiol Infect* 2013;141(3):651-66.

51 De Melker HE, Schellekens JF, Neppelenbroek SE et al. Reemergence of pertussis in the highly vaccinated population of the Netherlands: observations on surveillance data. *Emerg Infect Dis* 2000;6(4):348-57.

52 Vandermeulen C, Roelants M, Vermoere M et al. Outbreak of mumps in a vaccinated child population: a question of vaccine failure? *Vaccine* 2004;22(21-22):2713-6.

53 Park DW, Nam MH, Kim JY et al. Mumps outbreak in a highly vaccinated school population: assessment of secondary vaccine failure using IgG avidity measurements. *Vaccine* 2007;25(24):4665-70.

54 Hinton CF, Stem EJ, McKelvey A et al. Pertussis outbreak in a highly-vaccinated school population, Faulkner County, Arkansas 2007. The 42nd National Immunization Conference (NIC), March 19, 2008. https://cdc.confex.com/cdc/nic2008/techprogram/P15393.HTM.

55 Trotz-Williams et al., 2017.

56 Farber M. Whooping cough outbreak closes Texas school despite 100-percent vaccination rate: officials. *Fox News*, December 19, 2019.

57 Kang HJ, Han YW, Kim SJ et al. An increasing, potentially measles-susceptible population over time after vaccination in Korea. *Vaccine* 2017;35(33):4126-32.

58 Cowan T. Measles and "immune amnesia": a closer look. Children's Health Defense, January 23, 2020.

59 https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html#f1.

60 https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Recommends-That-Infants-Receive-First-Hepatitis-B-Dose-Within-24-Hours-of-Birth.aspx.

61 Iorio E. Merck's Recombivax vaccine shortage causes reduced deaths in babies—a natural experiment? Children's Health Defense, January 22, 2019.

62 https://www.immunize.org/laws/hepb.asp.

63 https://www.statista.com/statistics/186667/new-cases-of-hepatitis-in-the-us-since-1970/.

64 Centers for Disease Control and Prevention. Recommendation of the Immunization Practices Advisory Committee (ACIP) inactivated hepatitis B virus vaccine. *MMWR* 1982;31(24):317-22, 327-8.

65 https://www.cdc.gov/vaccines/pubs/pinkbook/hepb.html.

66 Conis E. "Do we really need hepatitis B on the second day of life?" Vaccination mandates and shifting representations of hepatitis B. *J Med Humanit* 2011;32(2):155-66.

67 Centers for Disease Control and Prevention. A comprehensive immunization strategy to eliminate transmission of hepatitis B virus infection in the United States: recommendations of the Advisory Committee on Immunization Practices (ACIP); Part I: immunization of infants, children, and adolescents. *MMWR* 2005;54(No. RR-16).

68 Shepard CW, Simard EP, Finelli L et al. Hepatitis B virus infection: epidemiology and vaccination. *Epidemiol Rev* 2006;28:112-25.

69 Centers for Disease Control and Prevention. Hepatitis B virus: a comprehensive strategy for eliminating transmission in the United States through universal childhood vaccination: recommendations of the Immunization Practices Advisory Committee (ACIP). *MMWR* 1991;40(No. RR-13):1-19.

70 Centers for Disease Control and Prevention. Notice to readers update: recommendations to prevent hepatitis B virus transmission—United States. *MMWR* 1995;44(30):574-5.

71 Centers for Disease Control and Prevention. Notice to readers update: recommendations to prevent hepatitis B virus transmission—United States. *MMWR* 1999;48(2):33-4.

72 Conis, 2011.

73 Stevenson H. Yeast in vaccines tied to autoimmune diseases. Children's Health Defense, March 27, 2018.

74 Geier DA, Kern JK, Hooker BS et al. A longitudinal cohort study of the relationship between Thimerosal-containing hepatitis B vaccination and specific delays in development in the United States: assessment of attributable risk and lifetime care costs. *J Epidemiol Glob Health* 2016;6(2):105-18.

75 Iorio, 2019.

76 Stevenson, 2018.

77 The changing face of vaccinology. Children's Health Defense, April 3, 2018.

78 Holland, 2012.

79 Michael Belkin testimony to Congress, May 18, 1999.

80 Centers for Disease Control and Prevention. A comprehensive immunization strategy to eliminate transmission of hepatitis B virus infection in the United States. Recommendations of the Advisory Committee on Immunization Practices (ACIP) Part II: immunization of adults. *MMWR* 2006;55(RR16):1-25.

81 Belkin M. Mindless vaccination bureaucracy. National Vaccine Information Center, n.d.

82 Holland, 2012.

83 Holland, 2012.

84 https://www.gsksource.com/pharma/content/dam/GlaxoSmithKline/US/en/Prescribing_Information/Engerix-B/pdf/ENGERIX-B.PDF.

85 https://www.merck.com/product/usa/pi_circulars/r/recombivax_hb/recombivax_pi.pdf.

86 Iorio, 2019.

87 Handley JB. "Herd immunity?" A dishonest marketing gimmick. Children's Health Defense, June 21, 2018.

88 Williams SE. What are the factors that contribute to parental vaccine-hesitancy and what can we do about it? *Hum Vaccin Immunother* 2014;10(9):2584-96.

89 Hotez PJ. Will an American-led anti-vaccine movement subvert global health? *Scientific American*, March 3, 2017.

90 Whelan AM. Lowering the age of consent: pushing back against the anti-vaccine movement. *J Law Med Ethics* 2016;44(3):462-73.

91 AMA says mature 12-year-olds can consent to vaccination without parents—taking away the last barrier protecting innocent children from big pharma. Children's Health Defense, June 18, 2019.

92 Wright M. Posting anti-vaccine propaganda on social media could become criminal offence, Law Commissioner says. *The Telegraph*, February 1, 2020.

93 Stone J. Re: Mandatory childhood vaccination could cause "irreparable damage," says expert panel. *BMJ* 2019;367:15995.

94 Horton A. Unvaccinated teens are fact-checking their parents—and trying to get shots on their own. *The Washington Post*, February 11, 2019.

95 Doubek J. 18-year-old testifies about getting vaccinated despite mother's anti-vaccine beliefs. *NPR*, March 6, 2019.

96 U.S. Senate Committee on Health, Education, Labor & Pensions. Vaccines save lives: What is driving preventable disease outbreaks? March 5, 2019. https://www.help.senate.gov/hearings/vaccines-save-lives-what-is-driving-preventable-disease-outbreaks.

97 https://www.ted.com/talks/ethan_lindenberger_why_we_need_to_fight_misinformation_about_vaccines?language=en.

98 Lapowsky I. "Fake news victims" meet with Twitter and Facebook. *Wired*, May 8, 2019.

99 UN Headquarters to host groundbreaking discussion on vaccine misinformation and growing distrust. https://www.unicef.org/press-releases/un-headquarters-host-groundbreaking-discussion-vaccine-misinformation-and-growing.

100 Safe and Effective Podcast. The Ethan Lindenberger hoax for US senators and congressmen. August 30, 2019. https://www.youtube.com/watch?v=uXlz6hGWlgQ&t=.

101 Grimes JL. HPV vaccine development: a case study of prevention and politics. *Biochem Mol Biol Educ* 2006;34(2):148-54.

102 Breeding L. UNT alum brings children's music, musical theater classes from Ohio to Denton. *Denton Record-Chronicle*, August 30, 2019.

103 https://twu.edu/theatre/program-and-alumni-news/Jill-Wheeler-brings-childrens-musical-theatre-to-Dentons-center-stage/.

104 Almendrala A. "God knows how I'm alive": how a teen defied his parents to get vaccinated. *The Guardian*, March 1, 2019.

105 Glionna JM. The real-life conversion of a former anti-vaxxer. *California Healthline*, August 2, 2019.

106 CA SB 276 & SB 714 signed into law by Gov. Newsom. Children's Health Defense, September 9, 2019.

107 Glionna, 2019.

108 Hotez, 2017.

109 Preventing measles outbreaks in a vaccine hesitant world—unvaccinated hotspots still exist, so what works and what doesn't when talking to patients? *MedPage Today*, October 9, 2019.

110 Ford CA, Skiles MP, English A et al. Minor consent and delivery of adolescent vaccines. *J Adolesc Health* 2014;54(2):183-9.

111 Silverman RD, Opel DJ, Omer SB. Vaccination over parental objection—should adolescents be allowed to consent to receiving vaccines? *N Engl J Med* 2019;381:104-6.

112 AMA says mature 12-year-olds can consent to vaccination without parents—taking away the last barrier protecting innocent children from big pharma. Children's Health Defense, June 18, 2019.

113 Silverman et al., 2019.

114 How to get vaccinated without parental consent. wikiHow, January 9, 2020. https://www.wikihow.com/Get-Vaccinated-Without-Parental-Consent.

115 Jack Herrick, wikiHow founder interviewed by Wikinews. January 31, 2009. https://en.wikinews.org/wiki/Jack_Herrick,_wikiHow_founder_interviewed_by_Wikinews.

116 wikiHow partners with Google Contributor. https://wikihow.tumblr.com/post/103232567821/wikihow-partners-with-google-contributor.

117 Google is ramping up pharma activity. *CBInsights*, June 9, 2017. https://www.cbinsights.com/research/google-pharma-startup-investments/.

118 Williams, 2014.

119 Kennedy RF, Jr. Fast-tracking mandatory vaccination while government and media muzzle scientists. Children's Health Defense, August 29, 2017.

120 Zagaja et al., 2018.

121 Connolly K. German parliament approves compulsory measles vaccinations. *The Guardian*, November 14, 2019.

122 Attwell K, Navin MC, Lopalco PL et al. Recent vaccine mandates in the United States, Europe and Australia: a comparative study. *Vaccine* 2018;36(48):7377-84.

123 Trent MJ, Zhang EJ, Chughtai AA et al. Parental opinions towards the "No Jab, No Pay" policy in Australia. *Vaccine* 2019;37(36):5250-56.

124 Kennedy RF, Jr. A dozen facts about measles that you won't learn from MSPharmedia. Children's Health Defense, May 2, 2019.

125 Kennedy RF, Jr. Robert F. Kennedy, Jr.'s response to "The Message of Measles"—what *The New Yorker* wouldn't publish. Children's Health Defense, September 10, 2019.

126 https://www.ghsagenda.org/.

127 https://www.ghsagenda.org/packages/p4-immunization.

128 Dyer O. Measles: alarming worldwide surge seriously threatens children, says UN. *BMJ* 2019;364:1981.

129 GHSA Preparation Task Force Team. Summing up the Global Health Security Agenda 2015 high level meeting in Seoul. *Osong Public Health Res Perspect* 2015;6(6):S6-S24.

130 https://obamawhitehouse.archives.gov/the-press-office/2014/09/26/statement-chair-global-health-security-agenda-white-house-event-septembe.

131 Frieden T. President Obama cements Global Health Security Agenda as a national priority. CDC, November 4, 2016.

132 https://www.ghsagenda.org/members.

133 https://www.ghsagenda.org/about.

134 https://www.ghsagenda.org/assessments.

135 Kluge H, Martín-Moreno JM, Emiroglu N et al. Strengthening global health security by embedding the International Health Regulations requirements into national health systems. *BMJ Glob Health* 2018;3(Suppl 1):e000656.

136 https://www.who.int/ihr/about/en/.

137 World Health Organization. *Joint External Evaluation of United States of America. Mission Report June 2016*. https://www.ghsagenda.org/docs/default-source/jee-reports/united-states-jee-report.pdf.

138 Frieden, 2016.

139 https://www.cdc.gov/media/pressrel/2009/r090608.htm.

140 Carrega C. Former CDC director Tom Frieden pleads guilty in sex abuse case, gets no jail time. *ABC News*, June 4, 2019.

141 World Health Organization. *Joint External Evaluation of United States of America. Mission Report June 2016*. https://www.ghsagenda.org/docs/default-source/jee-reports/united-states-jee-report.pdf.

142 https://www.who.int/ihr/about/en/.

143 https://indicators.report/targets/3-8/.

144 Kluge et al., 2018.

145 Odone A, Fara GM, Giammaco G et al. The future of immunization policies in Italy and in the European Union: the Declaration of Erice. *Hum Vaccin Immunother* 2015;11(5):1268-71.

146 https://www.ghsagenda.org/packages/p4-immunization.

147 Kennedy RF, Jr. Fast-tracking mandatory vaccination while government and media muzzle scientists. Children's Health Defense, August 29, 2017.

148 Italy bans unvaccinated children from school. *BBC News*, March 12, 2019.

149 Lévy-Bruhl D, Fonteneau L, Vaux S et al. Assessment of the impact of the extension of vaccination mandates on vaccine coverage after 1 year, France, 2019. *Euro Surveill* 2019;24(26):1900301.

150 Connolly, 2019.

151 Orenstein WA, Hinman A, Nkowane B et al. Measles and Rubella Global Strategic Plan 2012–2020 midterm review. *Vaccine* 2018;36(Suppl 1):A1-A34.

152 Greyson D, Vriesema-Magnuson C, Bettinger JA. Impact of school vaccination mandates on pediatric vaccination coverage: a systematic review. *CMAJ Open* 2019;7(3):E524-E536.

153 https://www.who.int/emergencies/ten-threats-to-global-health-in-2019.

154 MacDonald NE, Harmon S, Dube E et al. Mandatory infant & childhood immunization: rationales, issues and knowledge gaps. *Vaccine* 2018;36(39):5811-8.

155 MacDonald et al., 2018.

156 MacDonald et al., 2018.

157 Look WHO's talking! Vaccine scientists confirm major safety problems. Children's Health Defense, January 16, 2020.

158 Gutierrez M. California vaccine bills signed by Newsom as protesters are arrested at Capitol. *Los Angeles Times*, September 9, 2019.

159 New York state repeal of the religious exemption to vaccination. Children's Health Defense, June 19, 2019.

160 Otterman S, Tully T. Strict vaccine law stumbles in N.J. legislature. *The New York Times*, December 16, 2019.

161 Shepherd M. Challenge to Maine vaccine law likely to make March ballot as other people's veto bids fall short. *Bangor Daily News*, September 18, 2019.

162 Ward JK, Colgrove J, Verger P. France's risky vaccine mandates. *Science* 2017;358(6362):458-9.

163 Attwell et al., 2018.

164 https://leginfo.legislature.ca.gov/faces/billCompareClient.xhtml?bill_id=201920200SB276.

165 California Health and Human Services Agency. Senate Bill 276 and Senate Bill 714: Vaccinations and medical exemptions questions and answers. Sep. 9, 2019. https://www.chhs.ca.gov/blog/2019/09/09/senate-bill-276-and-senate-bill-714-vaccinations-and-medical-exemptions-questions-and-answers/.

166 https://www.njleg.state.nj.us/2018/Bills/S2500/2173_R2.PDF.

167 Catalini M. Vote on NJ bill to bar certain vaccine exemptions stalled. *ABC News*, January 13, 2020.

168 New Jersey Senate withholds voting on controversial vaccine exemption bill. *News12*, January 13, 2020.

169 Hetherman M. Hitting "pause button" on NJ vaccine bill was the right call. NorthJersey.com, January 17, 2020.

170 https://www.autismnj.org/understanding-autism/prevalance-rates/.

171 Fritz R. *The Path of Least Resistance: Principles for Creating What You Want to Create*. Ballantine Books, 1984, 1989.

172 Roy T. Opposition to HPV vaccine mandate continues. *Johnston Sunrise*, April 20, 2017.

173 Roy, 2017.

174 Stone J. Re: MEPs devise strategy to tackle vaccine hesitancy among public—echoes of WMD. *BMJ* 2018;360:k1378.

175 McGovern C. Measles, measles, everywhere! Children's Health Defense, April 4, 2019.

176 Tran T, Kostecki R, Catton M, Druce J. Utility of a stressed single nucleotide polymorphism (SNP) real-time PCR assay for rapid identification of measles vaccine strains in patient samples. *J Clin Microbiol* 2018;56(8):e00360-18.

177 Roy F, Mendoza L, Hiebert J et al. Rapid identification of measles virus vaccine genotype by real-time PCR. *J Clin Microbiol* 2017;55(3):735-43.

178 Phadke VK, Bednarczyk RA, Salmon DA, Omer SB. Association between vaccine refusal and vaccine-preventable diseases in the United States: a review of measles and pertussis. *JAMA* 2016;315(11):1149-58.

179 Farber M. Whooping cough outbreak closes Texas school despite 100-percent vaccination rate: officials. *Fox News*, December 19, 2019.

180 Bolotin S, Severini A, Hatchette T et al. Assessment of population immunity to measles in Ontario, Canada: a Canadian Immunization Research Network (CIRN) study. *Hum Vaccin Immunother* 2019;16:1-9.

181 Attwell et al., 2018.

182 Attwell et al., 2018.

183 Attwell et al., 2018.

184 MacDonald et al., 2018.

185 Navin MC, Kozak AT, Deem MJ. Perspectives of public health nurses on the ethics of mandated vaccine education. *Nurs Outlook* 2019 Jun 27.

186 https://childrenshealthdefense.org/protecting-our-future/health-freedom/mandates-toolbox/.

187 https://www.capitol.hawaii.gov/session2020/bills/HB2459_.pdf.

188 https://www.azleg.gov/legtext/54leg/1R/summary/H.HB2471_02-21-19_HHS.pdf.

189 Are doctors giving patients up-to-date vaccine safety information (or any safety information at all)? Children's Health Defense, December 18, 2018.

190 https://www.flsenate.gov/Session/Bill/2020/1634/BillText/Filed/PDF.

191 https://www.azleg.gov/legtext/54leg/1R/summary/H.HB2471_02-21-19_HHS.pdf.

192 https://lawfilesext.leg.wa.gov/biennium/2019-20/Pdf/Digests/House/1275.DIG.pdf?q=20200205195932.

193 CA SB 276 & SB 714 signed into law by Gov. Newsom. Children's Health Defense, September 9, 2019.

194 Phillips K. A mother refused to follow a court order to vaccinate her son. Now she's going to jail. *The Washington Post*, October 4, 2017.

195 Holland and Zachary, 2014.

196 Holland and Zachary, 2014.