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Friday, 6 September 2013

On 13 July 2013, Paul G. King, PhD, downloaded an on-line article, "**Endangering the Herd**", written by Mr. Jed Lipinski, from the ***Slate*** magazine's Internet web site, http://www.slate.com/articles/news_and_politics/jurisprudence/2013/08/anti_vaxxers_why_parents_who_don_t_vaccinate_their_kids_should_be_sued_or.html?wpsrc=upworthy.

Dr. King's response to the article follows these introductory remarks and two table-of-contents pages.

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This analytical response is titled, **Measles & Measles-Vaccination Realities: A Formal Response to "Endangering the Herd"**.

Introductory Remarks

First, each portion of Lipinski's text is quoted in a grayed "Times New Roman" font.

Second, Dr. King's comments follow in a "Verdana" font and are indented.

Third, when quoting from Lipinski's text, the text is in an *italicized* "*Times New Roman*" font.

Fourth, when quoting or referencing other sources, the text is in an "Arial Narrow" font.

Finally, should anyone find any significant factual error in this response for which they have independent[a], scientifically sound, peer-reviewed-published-substantiating documents, please submit that information to Dr. King so that he can improve his understanding of factual reality and, where appropriate, revise his views and this formal response.

Respectfully,

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[To whom all responses should be directed]

[a] To qualify as an independent document, the study should be published by researchers who have no direct or indirect conflicts of interest from their ties to either those commercial entities who profit from the sale of any product or practice addressed in this response or those entities, academic, commercial or governmental, who directly or indirectly, actively promote any product or practice, the development of any product or practice, and/or programs using any product or practice covered in this response.

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Measles & Measles-Vaccination Realities: A Formal Response to "Endangering the Herd"

"Endangering the Herd

The case for suing parents who don't vaccinate their kids—or criminally charging them"

First, Dr. King objects to the portrayal of humanity as a "***Herd***", as the writer, Mr. Jed Lipinski, does in the title.

That being said, Dr. King is aware that those who seek worldwide domination: **a)** maintain and promote this view of humanity and **b)** are more-than-happy to pay others to spread such a controlling view.

However, Dr. King finds that Lipinski's viewpoint – that humans can be branded as a herd of animals – and his title, "***Endangering the Herd***" accurately reflects an emerging population reality in the USA: The ever-growing vaccination programs are increasingly associated with mounting levels of infant mortality and "chronic health" conditions in childhood that are endangering the overall health and well-being of ourselves and, especially, our children.

For confirmation of the preceding "infant mortality" reality, one need only look at a 2011 study[1] that, *using the vaccination program data from 34 developed countries*, reported in its abstract (emphasis added),

> "The infant mortality rate (IMR) is one of the most important indicators of the socio-economic well-being and public health conditions of a country. The US childhood immunization schedule specifies 26 vaccine doses for infants aged less than 1 year—the most in the world—yet 33 nations have lower IMRs. Using linear regression, the immunization schedules of these 34 nations were examined and a correlation coefficient of r = 0.70 (p< 0.0001) was found between IMRs and the number of vaccine doses routinely given to infants. Nations were also grouped into five different vaccine dose ranges: 12–14, 15–17, 18–20, 21–23, and 24–26. The mean IMRs of all nations within each group were then calculated. Linear regression analysis of unweighted mean IMRs showed a high statistically significant correlation between increasing number of vaccine doses and increasing infant mortality rates, with r = 0.992 (p = 0.0009)."

Furthermore, a 2012 study[2] in children under one year of age found that, when more than one vaccine-disease component was at the same time, the children's risks for hospitalization and death were proportionately increased for from two to eight such components.

Supporting the increase in "chronic health" conditions in our children, the last NHANES study, for a 2006 cohort of our children, reported that[3]:

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1 Miller NZ, Goldman GS. Infant mortality rates regressed against number of vaccine doses routinely given: Is there a biochemical or synergistic toxicity? *Hum Exp Toxicol*. 2011 Sep; 30(9):1420-1428. [Open access at: http://het.sagepub.com/content/30/9/1420.full.pdf+html.]

2 Goldman GS, Miller NZ. Relative trends in hospitalizations and mortality among infants by the number of vaccine doses and age, based on the Vaccine Adverse Event Reporting System (VAERS), 1990-2010. *Hum Exp Toxicol*. 2012 Oct; 31(10):1012-1021. doi: 10.1177/0960327112440111. Epub 2012 Apr 24. Erratum in: *Hum Exp Toxicol*. 2012 Nov; 31(11): 1190. The article can be accessed at http://www.ncbi.nlm.nih.gov/pubmed/22531966.

3 http://www.medscape.com/viewarticle/717030, last visited in 20 August 2013 [Medscape account is needed to access articles] (emphasis added),

a. More than 50% ["51.5% (95% CI, 47.3% - 55.0%)"] had "a chronic condition at any time of the study period" and

b. More than 26% ["26.6% (95% CI, 23.5% - 29.9%)"] had an "end-study prevalence of any chronic health condition" – a level that was more than twice that reported for the 1994 cohort.

In addition, survey studies comparing the overall health of vaccinated children to never-vaccinated children have repeatedly found that the vaccinated children are less healthy when the levels of chronic medical conditions are compared, by a factor of 2 to 5 or more, depending upon the chronic medical conditions being compared[4,5].

Major Issues Addressed in This Response

1. Lipinski's hypothetical "measles death" scenario is implausible.
2. Lipinski's suggested civil and criminal actions against non-vaccinating parents are at odds with the "unalienable Rights" of "all men" in the Declaration of Independence and constitutional rights reserved to each of the people ("to be secure in their persons" – 4th Amendment) or each person ("equal protection of the laws" – 14th Amendment, Section 1) as set forth in the Constitution of the United States of America.

"February 16, 2010 — The rate of chronic health conditions among children in the United States increased from 12.8% in 1994 to 26.6% in 2006, particularly for asthma, obesity, and behavior and learning problems, according to results of a new prospective study published in the February 17 issue of the Journal of the American Medical Association" and "The end-study prevalence of any chronic health condition was 12.8% (95% CI, 11.2% - 14.5%) for cohort 1 in 1994, 25.1% (95% CI, 22.7% - 27.6%) for cohort 2 in 2000, and 26.6% (95% CI, 23.5% - 29.9%) for cohort 3 in 2006"

In addition, the article stated, "Cohort 3 had the highest prevalence of having a chronic condition at any time of the study period — 51.5% (95% CI, 47.3% - 55.0%)".

4 Though no longer available on their web site (http://ias.org/nz), in 2005, the Immunisation Awareness Society of New Zealand published a "Special Report" titled "UNVACCINATED CHILDREN ARE HEALTHIER" written by "Sue Claridge". This report, comparing 226 vaccinated children and 269 similar unvaccinated children stated,

"The results overwhelmingly showed that unvaccinated children suffer far less from chronic childhood conditions than vaccinated children. The results are summarised in the table and graph on the opposite page.

The survey results showed that there was a significant difference in the incidence of asthma, eczema, and ear infections in vaccinated and unvaccinated children. While overall the incidence of grommets, tonsillitis , tonsillectomies, apnoea and hyperactivity were lower the trend is similar. Note the ten-fold increase in tonsillitis in vaccinated children and the complete lack of tonsillectomies in unvaccinated children. In the vaccinated, 73% of the cases of tonsillitis and 92% of the tonsillectomies were in children who had received the measles vaccines. As only 52% of the total vaccinated children received a measles vaccine, one would expect about 52% of the tonsillitis/tonsillectomies to occur in children to have had the vaccine. The higher rate of tonsillitis and tonsillectomy in recipients of the measles vaccine suggests that the vaccine made some children more susceptible to tonsillitis."

Though not discussed in the report's text, the data for hyperactivity, epilepsy, and slow development in the figure provided indicated that vaccination was a causal factor for all three of these medical conditions and an apparently exclusive factor for cases of epilepsy.

In addition, this "Special Report" also contained the following passage about the findings in a previous 1977 survey study ,

"In other research, a study of 1265 Christchurch children born in 1977 found that ten of the unvaccinated children had asthma or had had doctors consultations for asthma or allergic conditions.

'The 23 children who received no diphtherial pertussis tetanus (DPT) and polio immunizations had no recorded asthma episodes or consultations for asthma or other allergic illness before age 10 years; in the immunized children, 23.1 % had asthma episodes, 22.5% asthma consultations, and 30.0% consultations for other allergic illness.

Similar differences were observed at ages 5 and 16 years.'!

While this was a very limited study, particularly in terms of the numbers of unvaccinated children that were involved and the range of chronic conditions investigated, it provides solid scientific evidence in support of considerable anecdotal evidence that unvaccinated children are healthier than their vaccinated peers."

Based on these two (2) surveys, it is clear that vaccines are a causal factor in chronic diseases.

5 http://www.nyrnaturalnews.com/children-2/2013/01/survey-shows-unvaccinated-children-get-sick-less-often/, "Survey shows unvaccinated children get sick less often" posted on 13 January 2013. Currently, in a survey project started by Andreas Bachmaire, a practicing homeopath, in 2010, data for the unvaccinated/never vaccinated children is being compared to the health outcomes reported in the national German KIGGS health study of German children in the general population, though the project has begun to also collect survey data on vaccinated children. For the most recent reporting of the ongoing study's findings, please visit http://www.vaccineinjury.info/vaccinations-in-general/health-unvaccinated-children/survey-resultsillnesses.html." The January 2013 interim results have found that unvaccinated children are 2 to 5 times healthier than the general mostly vaccinated population of children, depending on the chronic disease being compared.

3. With respect to the risk for measles, measles outbreaks, MMR vaccination, and the percent of the population that is currently protected from getting measles, Lipinski is either uninformed or purposely misleading.
4. There has been no general long-term increase in the incidence of notified-disease cases in the USA for those infectious diseases, like measles, for which there is a CDC-recommended "long-term"-protective live-virus vaccine.
5. Contrary to Lipinski's remarks, MMR vaccination has been causally linked to subsequent serious negative neurodevelopmental outcomes, including "autism", by courts in the UK and Italy, and the USA's "vaccine court", which have ruled that MMR vaccination has "caused": **a)** "autism" or **b)** the symptoms by which "autism" is diagnosed.
6. To the extent that we live in a propagandized world, where the "truth" is considered "dangerous", the reality that "autism" can develop after MMR vaccine administration is a persistent fact.
7. For those whose personal beliefs demand that any vaccination must be avoided, Lipinski's "*fear for their own children's safety*" is a perverse view of those parents' desire to shield their children from prophylactic (allegedly disease preventive) medical practices that violate the parents' personal beliefs.
8. Contrary to Lipinski's unsupported initial assertion, "... *the basis for that fear is simply unfounded*", Dr. King has shown, and will show, that the parents have valid reasons to be concerned about the current vaccines, in general, and the current MMR vaccination programs for children and adults in the USA, in specific.
9. Lipinski's assertion, *"...government's interest in protecting children from getting the measles* ...", is at odds with reality because, as with all live-virus vaccines, all who are vaccinated with a live-measles-virus-containing vaccine are *actually being abnormally infected* with the live measles virus in *each* vaccine dose administered to them.
10. Lipinski concludes by stating his opinion that the "*creators of Law & Order: Special Victims Unit seem to agree*" with his coercive vaccination views without his providing, or citing, any evidence to support his assertion, and misrepresents the reason for the death of the "child" in that episode — the mother's abusive and improper care for her measles-sickened child, which led to the child's death.

With the preceding realities in mind, let us skip Lipinski's misleading

lead in, "*The case for suing parents who don't vaccinate their kids—or criminally charging them*", and proceed to assess the assertions made by him in this article.

"What if a mother decided not to vaccinate her daughter for measles, based on rumors that the vaccine causes autism, and her daughter gets the disease at the age of 4 and passes it to a 1-year-old, who is too young for the vaccine, at her day care center. And what if that baby dies?"

Measles Deaths and "Measles-Vaccination-Related Deaths"

The Risk of Dying from Measles in the USA

First, to assess the plausibility of Mr. Lipinski's hypothetical situation, one needs to estimate the risk of a child's dying from a case of "natural"/-"wild" measles.

Based on the notified "natural measles" deaths for the period from 2003 through 2009 (see the excerpt that was taken from the CDC's "Table 12", http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6053a1.htm?s_cid=mm6053a1_w, on the next page), the July 2013 "notifiable disease" report for 2011, lists no or 1 or 2 measles deaths annually in 2003 through 2009 (and there was no apparent correlation between the number of notified measles cases and measles deaths[6]).

Clearly, without knowing the age of those who died from measles in each instance, the average annual probability that Lipinski's death scenario could happen is between:

a. About 0.57 in 300-plus million (about 1 in 500 million), *if the risk were distributed equally across the entire population of the USA*, and

b. Approximately 0.6 in 4 million (about 1 in 7 million), *if the risk were only to those children who were 1 year of age or younger*.

Importantly, in May of 2011[7], the CDC reported (emphasis added):

"Measles

Measles was declared eliminated from the United States in 2000. Since then, elimination has been maintained through high population immunity (*1*). Nonetheless, because measles remains endemic in much of the world; importations continue to result in sporadic cases and outbreaks in the United States, which can be costly to control (*2*). In recent years, the majority of measles cases in 2009 (80%) were import associated (*3*). Measles was classified as internationally imported in 21 cases, 14 of which were in U.S. residents exposed while traveling abroad, and 7 of which were among international visitors. Source countries for imported measles cases in 2009 included: United Kingdom (8), India (6), China (2), Philippines (2), Vietnam (1), Italy (1), and Cape Verde (1).

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[6] From the CDC's "Summary of Notifiable Disease" reports (http://www.cdc.gov/mmwr/mmwr_nd/), annual reports for the period 2003 through 2009 were, in terms of measles cases (measles deaths), 56 (1), 37 (0), 66 (1), 55 (0), 43 (0), 140 (0) and 71 (2), respectively. **Note**: The notifiable cases data for measles, mumps and rubella is tabulated in "Table 3" that is found on page "**Ref-3**".

[7] See, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5853a1.htm, last visited on 19 August 2013.

Thirty-three states reported no measles cases in 2009; 11 states and the District of Columbia reported fewer than 3 cases, and 6 states reported a total of 8 outbreaks (defined as 3 or more epidemiologically linked cases). Outbreaks ranged from 3 to 15 cases (median: 4). Seven outbreaks (87%) had viral and/or epidemiologic evidence of imported source. Six outbreaks (75%) included case-patients who reported personal belief exemptions. Of the 45 unvaccinated U.S. residents with measles in 2009, 20 (44%) held personal or religious beliefs opposing vaccination, and 10 (22%) were among children aged 15 months to 5 years whose parents had chosen to delay their MMR vaccination.

1. Hutchins SS, Bellini W, Coronado V, et al. Population immunity to measles in the United States. J Infect Dis 2004:189(Suppl 1):S91--S97.1.
2. Parker AA, Staggs W, Dayan G, et al. Implications of a 2005 measles outbreak in Indiana for sustained elimination of measles in the United States, N Engl J Med 2006; 355:447--55.
3. Council of State and Territorial Epidemiologists. Revision of measles, rubella, and congenital syndrome case classification as part of elimination goals in the United States.

Position statement 2006-ID-16, available at http://www.cste.org/position%20statements/searchbyyear2006.asap."

"TABLE 12. Number of deaths from selected nationally notifiable infectious diseases — United States, 2003–2009" *

Cause of death	ICD-10 [Cause of death code]	No. of deaths							Average Deaths/year**
		2003	2004	2005	2006	2007	2008	2009	
Measles	B05	1	0	1	0	0	0	2	0.57
Mumps	B26	0	0	0	1	0	2	2	0.71
Rubella	B06	0	1	0	0	1	0	1	0.43
Total	---	1	1	1	1	1	2	5	1.71

* From http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6053a1.htm?s_cid=mm6053a1_w

** These values were computed from the CDC-supplied annual deaths

Had the measles deaths in 2009 occurred in children too young to be vaccinated, then, *given the information reported about the unvaccinated individuals who contracted measles*,

> "Of the 45 unvaccinated U.S. residents with measles in 2009, 20 (44%) held personal or religious beliefs opposing vaccination, and 10 (22%) were among children aged 15 months to 5 years whose parents had chosen to delay their MMR vaccination",

the report probably would have included information about the deaths.

However, there was no information on deaths in that report.

Moreover, *from what was reported*, the number of cases in children under 15 months of age was 45 "unvaccinated" minus 20 "opposing vaccination" minus 10 "15 months of age to 5 years" of age or 15 such children in a population of about 5 million such children (for a risk of about 3 in a million children), with no report of any deaths.

Thus, Lipinski's scenario is, at best, implausible.

Finally, in the USA, the risk of dying from measles for a child that is too young to vaccinate is certainly less than 1 in 2 million children (or on the order of 0.05 per 100,000 children under 1 year of age, worst case) [even if, *though not reported in the CDC's "Summary of Notifiable Diseases ..." for 2009*, the two (2) reported 2009 measles deaths were deaths in chil

dren under 1 year of age].

Relative Risk of Dying in the USA from "MMR/MMR-V Vaccination" or a Measles, Mumps or Rubella Infection

However, those parents who choose to vaccinate their child with an MMR (measles, mumps and rubella) vaccine should realize they abnormally infect their children with a vaccine, which contains infective levels of three live viruses.

This MMR vaccination causes some of those abnormally infected (inoculated) with these live measles, mumps and rubella viruses to:

a. Develop the symptoms of measles, mumps and/or rubella; or

b. Have some of the serious side effects, which may lead to the death of a few of those inoculated with the MMR vaccine; or

c. Shed the measles, mumps and/or rubella viruses for a period after vaccination and, in some instances, possibly infect others.

Searching VAERS (Vaccine Adverse Events Reporting System), a report-reviewed database jointly maintained by Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) of the United States of America (USA), using the vaccines that contain measles and checking for reports of "death" for the period from 2003 through 2012 in those under 6 years of age, found the results reported in **Table 1** on the next page.

However, because the reports to VAERS are voluntary, the number of reports filed seriously underestimates the number of cases.

Even after excluding those reports where another clearly identified and/or medically verified condition was the cause of death, the average number of "MMR"-vaccine-associated death reports to VAERS for 2003-2009 was more than 3 times the average number of notified measles, mumps and rubella deaths reported to the CDC in that same period.

Since the underreporting in VAERS for serious adverse events, like death, was found to be on the order of no more than 1% of the actual instances in a study[8] headed by David A. Kessler, MD, a former Commissioner of the FDA, the data clearly indicates that the current universal vaccination program using the Merck M-M-R® II measles-mumps-rubella vaccine could be causing about 550 deaths a year, on average, while the notified disease deaths from measles, mumps and rubella combined (excluding congenital rubella deaths) were < 2 deaths a year, on average.

In spite of an average vaccination-uptake level that exceeds "90%" for two (2) doses of the MMR and/or MMR-containing vaccines, there are

[8] Kessler, DA, the Working Group, Natanblut S, Kennedy D, Lazar E, Rheinstein P, et al. Introducing MEDWatch: a new approach to reporting medication and device adverse effects and product problems. *JAMA* 1993; 269(21): 2765.

only a few "notified" measles cases in the USA annually.

In 2011, for example, there were only 220 notified cases of measles.

Table 1. Death Reports 2003 – 2012 in Children to 6 Years of Age[9]

Year	Notified Measles, Mumps & Rubella Deaths[1] (all ages)	VAERS Measles-vaccine-related Death Reports	Audited Reports for Measles-vaccine-related deaths	Audited Reports x 100
2003	1	6	3	300
2004	1	7	7	700
2005	1	6	6	600
2006	1	8	8	800
2007	1	6	6	600
2008	2	5	4	400
2009	5	7	6	600
2003-9 total	12	45	40	4000
2003-9 average	1.71	6.43	5.71	571
2010	Not reported	5	3	300
2011	Not available	7	7	700
2012	Not available	6	5	500
Total	Not available	63	55	5500
Average	---	6.3	5.50	550

[1] From CDC's 2013 report, "Summary of Notifiable Diseases, United States, 2011" – "Table 12". (previously shown)

Unfortunately, these cases do not include the MMR-vaccination-related cases, which generally are not reported (although, in 2011, Minnesota did acknowledge ten (10) MMR-vaccine-associated measles cases in a slide presentation and three (3) of the 10 were proven to be vaccine-strain-measles cases[10]).

Imputing these ten cases reported in Minnesota to the entire population of the USA, there were probably more than 300 cases of MMR-vaccine-associated measles in the USA in 2011 (because most all children are vaccinated) as compared to 220 notified measles cases.

In addition, though the population of the USA was growing by more than 2 % annually in the 1950s through the 2000s, the deaths from measles in the USA were declining before the introduction of an "effective" measles vaccine in 1963 (see figures "**1**" and "**2**" [page "**Ref-1**"]), using a vaccination program that, since 1989, twice inoculated all who were vaccinated with a measles vaccine (M) or a measles and rubella vaccine

[9] Based on a MedAlert (http://www.medalerts.org/vaersdb/index.php) search of the VAERS database for the period Jan 1, 2003 through December 31, 2012 performed on 17 August 2013, where Location is U.S., Territories, or Unknown and Vaccine is MEA or MER or MM or MMR or MMRV and Patient Died.

[10] http://www.conferences.und.edu/immunization/documents/Gahr-MeaslesinMinnesota.pdf, last visited on 18 August 2013. This June 2012 presentation reported, in "slide 65", that there were 10 vaccination-related cases of measles in Minnesota in 2011 when an unusual number of "wild" measles cases (26 cases in all) were diagnosed and reported as confirmed clinical cases to the CDC.

(MR), or, most often, with an MMR (Merck's M-M-R® II) or, in some cases, with an MMR-Varicella (Merck's ProQuad® [MMR-V]) vaccine, all of which contain live infectious measles (rubeola) virus.

In 1963, the population of the USA was 189,241,798[11] and, in the early 1960s, prior to the introduction of the measles vaccine, there were less than 438 measles deaths annually (see figure "**1**" [page "**Ref-1**"]).

Based on this information, it would seem that the decline in measles deaths after the measles vaccine was introduced in 1963 was offset by the deaths following a live-virus measles vaccine, or a live-virus measles-containing vaccine (mostly MMR with some MMR-V doses and a few MR doses) inoculation given to more than 3.5 million children annually in a one-dose vaccination program to now 7-plus million children annually in a two-dose vaccination program (where the majority of the VAERS measles-vaccine-associated deaths reports are still linked to the first childhood dose).

Unfortunately, since emergency room visits, hospitalizations, serious adverse outcomes, and permanent disabilities are not notifiable-disease-reporting parameters, the total number of reports for these adverse outcomes from measles, mumps and rubella cases are not available.

Thus, as no measles-only or MR vaccine is marketed today in the USA, the bottom line seems to be that today's child in the USA has an average risk of dying from an MMR/MMR-V inoculation that is probably more than 100 times higher than the risk of dying from infection by measles, mumps and rubella in the USA.

Yet, Lipinski only mentions the hypothetical death of a child from measles allegedly contracted from an unvaccinated child who was implicitly infected by a "wild" strain of measles being shed by another implicitly "wild"-measles-infected child.

Parental Responsibility and Parental Liability?

"That's the sad scenario, more or less, of a Season 10 episode of Law & Order: Special Victims Unit. And it's the hypothetical case study in a provocative paper in the Journal of Law, Medicine and Ethics that explores whether there's a case for holding people legally accountable for the damage they cause by not vaccinating their children. 'One can make a legitimate, state-sanctioned choice not to vaccinate,' the bioethicist Arthur L. Caplan and his co-authors write, 'but that does not protect the person making that choice against the consequences of that choice for others.' Since epidemiologists today can reliably determine the source of a viral infection, the authors argue, a parent who decides not to vaccinate his kid and thus endangers another child is clearly at fault and could be charged with criminally negligent homicide or sued for damages."

To support the his views, Lipinski offers up a "*Season 10 episode of Law &*

[11] See http://www.demographia.com/db-uspop1900.htm, last visited on 18 August 2013.

Order: Special Victims Unit", a fictional work, and "*a provocative paper in the Journal of Law, Medicine and Ethics*" by "*bioethicist Arthur L. Caplan and his co-authors*", from which Lipinski quotes, "*One can make a legitimate, state-sanctioned choice not to vaccinate … but that does not protect the person making that choice against the consequences of that choice for others*".

Ignoring the parents' fundamental right, *in the absence of an emergency where the child's life is immediately threatened*, to make all medical decisions for their child, the quoted passage admits that parents have the right to choose "*not to vaccinate*" their child.

As stated by the "*bioethicist*", the parents have a state-sanctioned legal right to choose "*not to vaccinate*" or to vaccinate when an FDA-licensed vaccine is available.

Thus, *provided the parent attempts to prudently keep his or her child away from others whenever that child is seriously ill with a contagious disease*, the parent who makes that choice, "'*not to vaccinate*" or to vaccinate", for his or her child *only* bears the consequences of that choice for himself or herself and his or her child — and not for others.

Moreover, should the parent choose to vaccinate his or her child with a live-virus vaccine and his or her child infects another child by shedding a vaccine virus and that second-hand infected child dies, *a scenario that is no less likely than Lipinski's scenario*, neither Lipinski nor the bioethicists are suggesting that the parents of the dead child should sue the parents who vaccinated their child or that the state pursue criminal charges against the parents who agreed to let their children be vaccinated with a live-virus vaccine that their children may shed — putting others at risk of infection.

Thus, the bioethicists' published position attempts to persecute a minority of parents for daring to exercise a fundamental right inherent to the people; a right that is recognized in the opening paragraphs in our country's Declaration of Independence (emphasis added),

"The unanimous Declaration of the thirteen united States of America,

> When in the Course of human events, it becomes necessary for one people to dissolve the political bands which have connected them with another, and to assume among the powers of the earth, the separate and equal station to which the Laws of Nature and of Nature's God entitle them, a decent respect to the opinions of mankind requires that they should declare the causes which impel them to the separation.
>
> We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness. …"

Furthermore, history has taught us that most of those who argue that individual "unalienable Rights" should be subservient to the "greater good" are those who usually directly or indirectly "profit" from that "great

er good", e.g., the pharmaceuticals and healthcare establishments.

Here, Lipinski is attempting to claim that we should agree to all recommended vaccines and the harm that they may and can cause to our child or ourselves to "protect society".

Moreover, he is also implicitly claiming that the individual parent has no right: **a)** to weigh the theoretical benefits versus the known, but population-rare, risks for each vaccine or **b)** to hold religious beliefs or conscientious beliefs, even in those instances, where the federal government and the government of the State in which that parent resides recognize such rights.

Yet, these views are only supported by a hypothetical tertiary infection risk for measles (that is less than 1 in 7 million) that probably is a 10-plus-fold to a 100-plus-fold lower risk than the risk of a child's dying after getting an MMR vaccination and a 100-plus-fold lower risk than the risk that their child may have a serious adverse reaction to the MMR vaccination, for which only some small percentage of these MMR-vaccine-related deaths and serious adverse reactions are reported in VAERS.

In addition, Lipinski neither provides nor cites any published information that supports his stated claim, "*…epidemiologists today can reliably determine the source of a viral infection*".

Factually, his claim is not true.

As the slides in the cited Minnesota presentation (see footnote "**10**") clearly show, the "*epidemiologists*" could not "*reliably determine the source of*" even a vaccination-related measles infection [slide "65" clearly reports that even when the "source" was known to be vaccination-related, the epidemiologists only reliably identified the vaccine strain of the measles virus in some ("3 of 10"), but not in the rest ("7 of 10"), of the ten vaccination-related measles cases reported].

Moreover, even when the person who had an "index" case was specifically identified in the Minnesota "wild" measles cases, the specific person who was the source of the measles that an "index" case contracted was not specifically identified in every outbreak.

Further, because measles is a human-communicable and highly infectious disease, each person who contracts measles gets it from some other person who was shedding live measles virus.

Thus, the person identified as the local source is not the "global" source unless Lipinski believes in the theory of spontaneous generation for the measles virus.

Consequently, in the USA, "*a parent who decides not to vaccinate*", as the law permits, is simply making a decision that he or she believes, feels or thinks is in the best interests of the overall health of his or her child or children or ward or wards.

If society finds that this decision is "too risky", then, as the judge did in a 2012 West Virginia case, where vaccination is required to attend public school and no religious or conscientious exemptions are allowed in West Virginia, a parent who has a religious objection to vaccination can be compelled to "home school" his/her child or children.

Since schooling is recognized as a child's right in West Virginia's state constitution, the judge properly ordered the local school district to provide teacher support for the child's education[12].

Finally, because parental decisions that are authorized by state public law or regulation protect the parent from legal action when the parent is simply exercising a lawful parenting option in good faith, Lipinski's attempts to criminalize such lawful conduct should be ignored.

Overreaction to the Remarks Made by Certain Bioethicists?

"As you'd expect, the growing anti-vaccination movement responded in fury. After Caplan wrote a related post for the Harvard Law Blog, angry comments poured in. 'This article is industry propaganda at its worst,' one commenter declared. Another wrote: 'Caplan would have familiar company in fascist Germany.' The blog eventually shut down the comments for violations of the site's policies against 'abusive and defamatory language' and the sharing of personal information."

Here, Lipinski begins by attributing the responses to Caplan's post in the "*Havard Law Blog*" to a "*growing anti-vaccination movement*", when only a few *individuals* who responded may have violated the blog's conduct standards and many of the responses supported Mr. Caplan's views.

Moreover, the blog cited "'*abusive and defamatory language*'" and "*the sharing of personal information*" as the reasons for stopping all comments — an action that appears to be clearly at odds with the free exchange of ideas that academic blogs are supposed to encourage.

In addition, Dr. King finds that: **a)** Lipinski's characterization of the comments as "*angry*" is not supported by reading most of the comments that questioned Caplan's views and **b)** the cited quotations, "*This article is industry propaganda at its worst*"[13] and "*Caplan would have familiar company in fascist Germany*"[14], seem to have been taken out of their context and, *in context*,

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12 http://www.deseretnews.com/article/865566592/West-Virginia-judge-orders-home-instruction-of-unvaccinated-student.html?pg=all, last visited on 19 August 2013.

13 https://blogs.law.harvard.edu/billofhealth/2013/05/23/liability-for-failure-to-vaccinate/, last visited on 18 August 2013 (emphasis added), "tim wilson
on June 11, 2013 at 11:57 PM said:
This article is industry propaganda at it's worst and I would like to see the author sued for fraud by false representation. Ok, you state, and I quote "Many studies, in many countries, by many researchers examined the link between vaccines and autism; none was found" please check this link and reappraise… http://www.examiner.com/article/scientific-evidence-15-pubmed-studies-show-a-link-between-vaccines-autism
Also this man is also in cahoots with a fear-mongering agenda (Measles as a wild strain is LESS risky than vaccine strains and BENEFITS us…it is no worse than a mild flu for most except the weak who will suffer from the vaccination but may never encounter the disease) and child genocide, he should be jailled… Vaccines are useless and a crime against the people…
Link to Measles benefits…
http://www.vaccinationcouncil.org/2013/01/29/measles-vaccines-part-ii-benefits-of-contracting-measles-by-dr-viera-scheibner-phd/"

14 https://blogs.law.harvard.edu/billofhealth/2013/05/23/liability-for-failure-to-vaccinate/, last visited on 18 August 2013 (emphasis added, "Richard on May 29, 2013 at 1:26 PM said:

do not seem to be "*angry*" comments *per se*.

Do Parents' Lawful Decisions Pose a Danger to the Public?

"Here's why the anti-vaxxers are wrong and Caplan and his co-authors are right to raise the idea of suing or criminally charging them: Parents who choose not to vaccinate their kids for reasons of personal belief pose a serious danger to the public."

Here, Lipinski makes a false generalization, "*Parents who choose not to vaccinate their kids for reasons of personal belief pose a serious danger to the public*".

Factually,

1. Absent exposure to some contagious disease, no parent or parent's child, vaccinated or unvaccinated, poses any "*serious danger to the public*".
2. For those vaccines which may provide long-term protection to most of those who are inoculated with them, the unvaccinated pose no "*serious danger to the public*" — at worst, they pose some risk to those who are vaccinated with these vaccines but have no disease protection as well as to those who, for whatever reason, are not vaccinated, but only when they are infected with and shedding those diseases for which there is an in-use effective vaccine which purportedly provides long-term protection against contracting those diseases.
3. Since the diphtheria, tetanus and pertussis (DTP) vaccines are not vaccines against the disease-causing organisms (*Corynebacterium diphtheria [Cor. Diphtheria]*, *Clostridium tetani [Clo. Tetani]*, and *Bordetella pertussis [B. pertussis]*) but rather vaccines against the toxins (diphtheria toxin, tetanospasmin [tetanus toxin], pertussis toxin and other toxins [e.g., endotoxin]) that these bacteria produce, the protection provided by a DTP vaccine is, at best, both indirect and incomplete.

   In spite of this, there has been only one notified case of diphtheria in the USA since 2004 and there are only a few cases of tetanus annually, which mostly occur in those over 65 years of age[15].

   When it comes to "whooping cough", this is an infectious and contagious disease that is principally caused by *B. pertussis* but those children who are infected by other human-infectious *B.*

I seem to recall something called the Nuremberg trials that outlawed medical experimentation on humans without consent. Vaccines continue to be experimental. If this were not so, drug makers would not be investing multi-millions into "improving" or discovering "better" and more effective and safer vaccines. There would not be new start up companies seeking novel vaccine technologies to improve upon the failures of current conventional vaccine technology The doors for effective and safe vaccines remains wide open. Caplan would have familiar company in fascist Germany."

[15] The major reason for scarcity of cases is that *C. diphtheriae* and *C. tetani* are functionally anaerobic and anaerobic bacteria respectively, which are not infectious unless the tissue's oxygen supply is depleted.

species, some *Legionella* species, and respiratory syncytial virus (RSV) are sometimes diagnosed with "whooping cough".

For many reasons, the "pertussis" vaccine components are not effective in preventing whooping-cough cases: **a)** the vaccine does not provide protection to all who are vaccinated with the "pertussis"-containing vaccines even when they are multiply vaccinated; **b)** the protection that is provided actually encourages *B. pertussis* infection; **c)** vaccination actually creates *B. pertussis* carriers; and **d)** the overall disease protection provided to those who are protected after multiple vaccinations is short lived[16,17,18].

For information concerning the rest of the available FDA-approved vaccines, Dr. King recommends that the reader should read, and learn from, the second edition of "Vaccine Safety Manual For Concerned Families and Health Practitioners" by Neil Z. Miller, ISBN: 978-188121737-4, which is currently available from Amazon.com for $ 14.09 plus shipping and handling and in which Dr. King has no financial interest; or, *for an online source*, much of the pertinent information on vaccines is published online by the National Vaccine Information Center (NVIC) at http://www.nvic.org/.

If the standard is that parents who take lawful actions that result in their children subsequently shedding a contagious disease and infecting others, be they children or adults, should be liable for the harm caused to those infected by their disease-shedding child, then this standard should apply equally to:

1. Those parents that Lipinski is attempting to vilify, whose children are old enough to be vaccinated but, *for whatever reason*, are not vaccinated, contract a contagious disease and infect others, be they children or adults;
2. Parents, whose children are shedding a communicable disease after being vaccinated and infect others;
3. Parents, whose vaccinated children, in spite of being vaccinated, subsequently contract a contagious disease and infect others; and
4. Any vaccinated or unvaccinated adult who contracts a contagious disease and infects others.

Finally, Lipinski seems to believe that, *contrary to the Section 1 of the 14th Amendment of the Constitution of the USA*, the parents of non

16 http://dr-king.com/docs/120806_PGKDrftRevu_Anti_vaccineMovementCausesTheWorstWhoopingCoughEpidemicIn70Yrs_fnlr2b.pdf.

17 http://dr-king.com/docs/120214_DrftRevu_VaccinesAreEffective_SaveManyLives_b.pdf.

18 Srugo I, Benilevi D, Madeb R, Shapiro S, Shohat T, Somekh E, Rimmar Y, Gershtein V, Gershtein R, Marva E, Lahat N. Pertussis Infection in Fully Vaccinated Children in Day-Care Centers, Israel. *Emerg Infect Dis*. 2000; 6(5): 526-529. This article is available online at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2627963/pdf/10998384.pdf, last visited on 22 August 2013.

vaccinated children are not entitled to "equal protection of the laws" [19].

The MMR Vaccine and Measles Infection and Measles Prevention Realities

"Measles vaccines are about 95 percent effective when given to children. That leaves a 5 percent chance that kids who are vaccinated will contract measles. This means that no matter what, the disease still poses a public health risk, but we rely on others to get vaccinated to hugely reduce the likelihood of outbreaks. That's the process known as herd immunity."

Dr. King agrees with Lipinski's first generalization, "*Measles vaccines are about 95 percent effective when given to children*", even though no measles-only vaccines are being marketed in the USA today – where only two combination vaccines, a measles, mumps and rubella vaccine (Merck's M-M-R® II) and a measles, mumps, rubella and varicella vaccine (Merck's ProQuad®), are generally available.

However, Lipinski's second statement, "*That leaves a 5 percent chance that kids who are vaccinated will contract measles*" indicates that he is confusing: **a)** the percentage that the vaccine does not initially protect, *which is reportedly no more that 5% for the 2-dose vaccination program used in the USA*, with **b)** the risk that the vaccinated children may then contract measles[20].

Contrary to the presumption that having an adequate level of circulating-immune-system antibodies to the measles virus protects those with that level of antibodies, or a higher level of antibodies, from contracting measles, to be protected from contracting measles, the person's innate immune system components must first mount an effective defense to the invasion of the measles virus into the body.

Regrettably, injecting a dose of a live-measles-virus-containing vaccine directly into the body bypasses most of the innate immune system and, therefore, generally produces incomplete immunity.

Moreover, the level of this incomplete protection provided initially declines over time such that the protection given by the two Merck vaccine doses from contracting measles appears to last less than 25 years[21].

However, absent exposure to live measles virus from a person who is shedding live measles virus after contracting the disease or, uncommonly,

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19 Amendment 14 - Citizenship Rights (Ratified 7/9/1868, Section 1 (emphasis added),
"1. All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and of the State wherein they reside. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws."

20 Given the reality that Lipinski's "5 percent" represents about 200,000 children for each cohort year and children constitute 17 cohort years, absent the current rigorous programs to identify, isolate and quarantine those that may be infected with measles, there would be hundreds of thousands of cases of measles in children each year.

21 http://dr-king.com/docs/120127_RevisdDrft_RevuOfAutsmControvrsyNeedForResponsbleScienceJournlsm_b.pdf, pages 16-20 and the bottom of page 21 through page 33.

who is shedding live measles virus after being inoculated with a vaccine that contains a live-measles-virus component, no one has any risk of contracting a clinical case of measles from someone else.

Since exposures to persons shedding live "wild" measles virus are rare in the USA, the current annual risk of any random person's contracting "wild" measles in the USA is generally less one (1) in a million (1,000,000) [currently, there are many fewer than 300 cases annually].

In support of the preceding reality, one need only reread the "Measles" narrative (see bottom of page "**4**" to top of page "**5**"), which was excerpted from the CDC's 2009 notifiable diseases report for the USA (see http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5853a1.htm) [emphasis added],

> "Thirty-three states reported no measles cases in 2009; 11 states and the District of Columbia reported fewer than 3 cases, and 6 states reported a total of 8 outbreaks (defined as 3 or more epidemiologically linked cases)."

Similarly, reading the CDC's notifiable-diseases report for 2011 (see http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6053a1.htm), for "Measles", Dr. King finds (emphasis added),

> "The elimination of endemic measles has been achieved in the United States (1); however, measles continues to be imported, resulting in substantial morbidity and expenditure of local, state, and federal public health resources (2,3). Although measles incidence in the United States remains low, the number of cases reported during 2011 was the highest since 1996.
>
> A total of 191 cases accounted for the majority (87%) of persons with measles, which were unvaccinated or had unknown vaccination status; an estimated 68 (36%) were known to claim vaccine exemption based on personal, religious, or philosophical beliefs (PBEs). A total of 196 cases accounted for the majority (89%) of cases in 2011, which were import-associated. The World Health Organization, European Region, where approximately 30,000 cases occurred in 2011, accounted for the majority of imported cases (41%) among U.S. residents who acquired measles while traveling. Imported genotypes were identified in all 16 outbreaks, with 12 (75%) of the outbreaks being caused by D4 genotype virus, known to be circulating in Europe.
>
> Seven outbreaks occurred after unvaccinated U.S. residents acquired infection abroad with onset of symptoms after returning to the United States. These outbreaks (range: 3–21 cases) accounted for 58 cases. A total of 38 (65%) persons claimed PBEs, seven (12%) were infants aged <12 months; for one child aged 12 months, measles vaccination had been delayed intentionally by parents until the child was older.
>
> Cases in U.S. residents who were unvaccinated or who had unknown vaccine status, who had no medical contraindication to vaccination, and who were either born after 1957 or were aged ≥12 months (without prior documentation of presumptive evidence of immunity to measles), or were aged 6–11 months, with recent history of international travel, are considered vaccine-preventable. During 2011, a total of 48 of 57 imported cases occurred among unvaccinated U.S. residents who were vaccine-eligible: nine traveler cases occurred in infants aged 6–11 months; nine in infants aged 12–15 months; five in children aged 16 months–4 years; seven in persons aged 5–19 years; and 18 in persons aged 20–53 years. Among persons aged 20–53 years (median: 28 years), 44% held PBEs.
>
> To prevent measles among U.S. residents, health-care providers should follow ACIP vaccination recommendations (4), ensuring that travelers are vaccinated, particularly infants aged 6–11 months,

and that 2 doses are administered for those aged ≥12 months. In addition, parents should be educated about the risk for measles associated with international travel. Information on vaccination recommendations for travelers is available from CDC at http://www.cdc.gov/travel.

1. Katz SL, Hinman AR. Summary and conclusions: measles elimination meeting, 16–17 March 2000. J Infect Dis 2004;189(Suppl 1):S43–7.
2. CDC. Epidemiology of measles—United States, 2001–2003. MMWR 2004;53:713–6.
3. Dayan GH, Ortega-Sanchez IR, LeBaron CW. The cost of containing one case of measles: the economic impact on the public health infrastructure, Iowa, 2004. Pediatrics 2005;116:1–4.
4. CDC. Measles, mumps, and rubella—vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1998;47(No. RR-8):38–9."

Even though "the number of cases reported during 2011 was the highest since 1996" (220 cases), 19 states still reported no measles cases and 9 states reported only 1 measles case (see "TABLE 2. (Continued) Reported cases of notifiable diseases,* by geographic division and area — United States, 2011", constructed from the data provided by the CDC, which is included at the end of this response [page "**Ref-2**"]).

Obviously, for 2009 and 2011, those living in states reporting no measles cases in these two years had no risk of contracting measles.

Given the preceding realities, it would seem that, based on even the "high" number of cases of measles in 2011 (220 cases in a population of 310-plus million), the annual risk that a measles-vaccinated person living somewhere in the USA would contract "wild" measles was less than 29, the approximate number of cases who were fully vaccinated, per 310-plus million residents (or < 1 in 10.7 million doubly MMR-vaccinated persons).

Clearly, from the CDC's data, the principal control for the prevention of "wild" measles cases in the population of US residents who do not travel overseas is the rapid identification and quarantine of imported cases of measles from residents returning to, and foreign visitors entering, the USA.

The control is not measles vaccination per se, because, in 2011, no more than 29 fully vaccinated residents contacted "wild" measles[22].

Based on all of the preceding information, Lipinski's, "*the disease still poses a public health risk*" plainly overstates the risk to "*public health*".

Further, with respect to Lipinski's assertion, "*we rely on others to get vaccinated to hugely reduce the likelihood of outbreaks*", it appears that "*we*" actually rely on healthcare providers and public health officials to rapidly identify and quarantine those who may be infected to "*reduce the likelihood of outbreaks*".

This is the case because the incomplete disease protection conferred by the two-dose "measles" vaccination program apparently lasts less than

[22] Based on the MMR-vaccine-related cases reported by Minnesota in 2011 (see footnote "**10**"), currently there are probably 300-plus cases of vaccine-strain-related measles in the USA annually. Thus, each year in the USA, the number of generally unreported, vaccine-strain-related measles cases probably: **a)** greatly exceeds the number of notified "wild" measles cases, where the typical annual number of such cases is less than 100 (e.g., 55 in 2012) and **b)** exceeds the notified "wild" measles cases even when there were 220 notified "wild" measles cases in 2011.

25 years[21,23], which leaves at least 40%[24] of the current USA residents who were vaccinated with a live measles-containing vaccine instead of having measles naturally[25] without protection from contracting measles.

Further, because of the current emphasis on rapid case identification, contact location, and quarantine programs, few of these more than 125-million people residing in the USA, *who are, for any reason, at risk of contracting measles if exposed to the measles virus*, will contract measles each year in the USA.

In addition, *if public health officials were truly concerned about stopping measles outbreaks*, they would be insisting that every person entering the USA from certain countries where measles is still endemic or there are large outbreaks of measles be quarantined at the border.

That quarantine would last until the most appropriate "measles virus"-screening test verified that those entering the USA did not have an active measles infection or, if infected, were no longer shedding the virus.

Moreover, because vaccination only provides incomplete protection from contracting measles if exposed to the measles virus and that protection does not last for the vaccinee's lifetime, Lipinski's last statement in this passage, "*That's the process known as herd immunity*", is simply incorrect.

First of all, for animals, the valid use of the term "herd" requires that the animals being addressed actually live in herds.

For human populations, "population protection", is the appropriate term because: **a)** humans do not live in herds and **b)** for highly infectious live-virus diseases, like measles, vaccination does not provide anywhere near "immunity" (lifetime protection) to contracting measles.

Further, true population protection requires: **a)** most of the population to contract the disease naturally, recover from it, and develop long-lasting protection against contracting that disease again when re-exposed to it as well as **b)** the disease-protected mothers in that population to: **1)** develop robust disease protective antibodies and immune-protective factors and **2)** pass those to their offspring by breastfeeding their babies for an extended period (typically, two-plus years).

Even then, there will be, and have been, continual low-level outbreaks when the population of young, *but no longer nursing*, offspring exceeds some threshold in order to: **a)** maintain the population protection and **b)** provide natural disease-protective "exogenous boosting"[26] to the

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23 http://dr-king.com/docs/120127_RevisdDrft_RevuOfAutsmControvrsyNeedForResponsbleScienceJournlsm_b.pdf, based on the information and findings presented in pages 22 through page 33.

24 http://www.indexmundi.com/united_states/demographics_profile.html, last visited on 19 August 2013.

25 Having a case of "wild" measles and recovering from it provides complete disease protection from re-infection by measles and that protection lasts more than 50 years. The lack of notified measles cases in those over 60 in the CDC's 1993 summary of notified measles cases (http://www.cdc.gov/mmwr/preview/mmwrhtml/00035381.htm), when there were 312 notified measles cases that year, supports this reality.

26 The term "exogenous boosting" refers to the boosting of the immune-systems disease-specific antibody levels in

immune systems of the protected population.

The periodic rise and fall of measles cases in well-fed, well-clothed and well-housed humans living in a sanitary environment before the measles vaccine was introduced in 1963, and before formula feeding was popularized, is an example of population protection from measles pandemics.

Measles Outbreak Realities

"Unvaccinated children threaten the herd. Take the San Diego measles outbreak of 2008. After unknowingly contracting the disease on a trip to Switzerland, an unvaccinated 7-year-old boy infected 11 other unvaccinated kids, according to the Centers for Disease Control and Prevention. The majority of the cases occurred in kids whose parents had requested personal belief exemptions (or PBEs) through the state of California, one of 17 states to allow them. But three of the infected were either too young or medically unable to be vaccinated. And overall, 48 children too young to be vaccinated were quarantined, at an average cost to the family of $775 per child. The CDC noted that all 11 cases were "linked epidemiologically" to the 7-year-old boy and that the outbreak response cost the public sector $10,376 per case."

First, Lipinski is mistaken; the general measles "threat" to the population of the USA is only from the measles virus being shed by anyone who is actively shedding that virus.

Those who can be actively shedding the measles virus include:

a. The unvaccinated who are infected;
b. The vaccinated but not ever protected who are infected;
c. The vaccinated and initially protected for whom the vaccine-induced protection has worn off who are infected;
d. The vaccinated and having a "protective" level of antibodies to the vaccine strain of measles who, nonetheless, are still infected by some "wild" measles virus; and
e. The vaccinated, who unusually contract and shed the vaccine-strain of the measles virus after being given the MMR vaccine.

Next, consider the reality of entry quarantine that this example supports.

Had this returning child been quarantined with his family upon re-entry into the USA from Switzerland until he was no longer contagious, the other 11 children would not have contracted measles from this child.

Moreover, there would have been no need to quarantine most of the "*48 children too young to be vaccinated*" saving, *based on the costs provided by*

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disease-protected individuals arising from their being exposed to other individuals who are shedding the disease virus during a primary infection, or, in the case of alphaherpes varicella zoster, recurrence of a clinical disease state where the virus is again shed. [See: Hope-Simpson RE. The nature of herpes zoster: a long-term study and a new hypothesis. ***Proc. R. Soc. Med*** 1965; 58: 9–20, where exogenous boosting was introduced as a protective factor for shingles – a hypothesis that has been repeatedly confirmed as being a major factor in the natural chickenpox/shingles disease-recurrence/reactivation protection mechanisms that existed before a live-virus vaccine for chickenpox was introduced (see also, footnote "**37**").]

Lipinski, about US$ 37,000 the families spent for the quarantine of the 48 children and about US$ 114,000 in "*outbreak response*" costs to "*the public sector*" as well as the unreported costs for the treatment of each of the 11 children who contracted measles after being exposed to this index case.

"Today, several states blame a rise in preventable diseases on the declining child vaccination rates. In Michigan, less than 72 percent of children have received their state-mandated measles, mumps, and rubella (MMR) vaccines."

First, as far as Dr. King can ascertain, there has been no significant increase in the incidence or prevalence of those infectious diseases for which there is an FDA-approved and CDC-recommended long-term-protective live-virus vaccine even though the levels of those diseases do *normally* fluctuate in some low-level cyclic pattern, which, from time to time, is perturbed by the local influx of imported cases of the highly contagious diseases, such as measles.

Based on the preceding reality, Dr. King recommends simply ignoring Lipinski's initial statement.

Further, Lipinski's second statement,

"*In Michigan, less than 72 percent of children have received their state-mandated measles, mumps, and rubella (MMR) vaccines.*"

should be ignored because it is, at best, misleading.

Factually,

"With recent measles cases from importation, we are concerned about measles vaccine (MMR) coverage in Michigan. Michigan is one of 15 states that have MMR coverage levels under 90 percent, the Healthy People 2020 goal. NIS reports that 87.6 percent of children have one dose of MMR. In the Michigan Care Improvement Registry (MCIR), 86 percent of 19-36 months have 1 dose of MMR."[27]

Based on the information reported by the Michigan Department of Community Health (MDCH), 86 percent or more (87.6 percent [NIS]) of the children have received their first dose of the MMR vaccine in a timely manner.

Similarly, in a 2011 CDC publication," Vaccination Coverage Among Children in Kindergarten --- United States, 2009--10 School Year", the reported MMR-vaccine uptake level for kindergarteners in Michigan was 95.3 percent[28].

Further, in 2011, the CDC notifiable-disease report listed only two (2) reported cases of "wild" measles (one [1] indigenous and one [1] imported) in Michigan when 220 cases of measles were reported in the USA or 0.9% of the cases in the USA.

Correcting for Michigan's population percentage of the USA population (9,931,000/309,049,000 [3.21 %]), one would have expected to have seen at least seven (7) cases of measles – but there were only two

[27] http://www.michigan.gov/documents/mdch/092112_MITT_Aug-Sep_398736_7.pdf, last visited on 19 August 2013.
[28] http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6021a4.htm?s_cid=mm6021a4_w, last visited on 19 August 2013.

(2) measles cases.

Based on these findings, there is no evidence in Michigan for either a significant decline in "*child vaccination rates*" or a "*rise in preventable diseases*".

MMR Vaccination, Vaccination Exemption and "Autism" Realities

"In New York, as Caplan noted in his blog post, pockets of Brooklyn's Hasidic Jewish community are experiencing a mini measles epidemic. Thirty cases have been confirmed so far. According to Dr. Yu Shia Lin of Maimonides Medical Center, some members of the community avoid the measles vaccine because they think it causes autism."

Since the Hasidic population in Brooklyn is more than 180,000[29] and the cases of measles occurred in both children and adults, 30 confirmed cases of measles in more than 180,000 individuals (*less than* 1 in more than 6,000) does not qualify as an epidemic but rather as a moderate outbreak.

While Dr. King has heard that the members of the Hasidim avoid the MMR vaccine (factually, no only "*measles vaccine*" is currently marketed in the USA), he would question the statement, attributed to "*Dr. Yu Shia Lin*", that "*some members of the community avoid the measles vaccine because they think it causes autism*".

This is the case because, *in Dr. King's infrequent interactions with the orthodox members of the Jewish (Israelite) community*, the reasons given for refusing all of the CDC-recommended vaccination programs are generally religious – not intellectual.

As to the assertion, implicit in Lipinski's "*they think it causes autism*", that children develop "autism" after being inoculated with the MMR vaccine, there is increasing evidence, which has been formally recognized by both legal courts in the United Kingdom and Italy and the USA's administrative "vaccine court", that MMR vaccination can "cause autism"[30].

Further, accepting that the 1970s reporting level for "autism" was on the order of 1 to 2 in 10,000 in the developed countries, it would seem that the 1 in 1,272 prevalence for "autism" reported in a 2010 Denmark study[31] indicates that the combination of the MMR with the other vaccines administered in the mid-2000s Danish vaccination program contributed to the elevation in the prevalence of "autism" that was reported for Danish children in 2010 – an apparent 3-plus-fold increase.

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29 http://news.ufl.edu/2006/11/27/hasidic-jews/, last visited on 18 August 2013.

30 http://www.whiteoutpress.com/timeless/courts-quietly-confirm-mmr-vaccine-causes-autism, posted on 27 July 2013; last visited on 4 August 2013.

31 Maimburg RD, Bech BH, Væth M, Møller-Madsen B, Olsen J. Neonatal Jaundice, Autism, and Other Disorders of Psychological Development. *Pediatrics* 2010; 126; 872-878; originally published online Oct 11, 2010; DOI: 10.1542/peds.2010-0052. The online version of this article is available at http://www.pediatrics.org/cgi/content/full/126/5/872.

Additionally, an independent 2004 statistical population study[32], "An Investigation of the Association Between MMR Vaccination and Autism in Denmark", found an increased relative risk for autism in Danish children inoculated with the MMR vaccine, which was reported in the paper's abstract as,

"… Longitudinal trends in prevalence data suggest a temporal association between the introduction of MMR vaccine in Denmark and the rise in autism. …".

Allowing for the preceding realities, Lipinski's cited parents could also be prudently avoiding the MMR vaccines because there is clear and convincing evidence that MMR vaccination increases the post-vaccination risk that an inoculated child may subsequently develop "autism".

Considering the preceding facts, Dr. King urges the reader to simply ignore Lipinski's next paragraph because independent science, the verified observations (*mislabeled as "anecdotal reports" by those who support and advocate for the MMR vaccination program*) of hundreds, *if not thousands*, of parents around the world whose children regressed into "autism" after their child was administered an MMR vaccine, and legal decisions have conclusively established that MMR vaccination can be a causal factor for a child's subsequently developing "autism".

"The most visible proponent of this idea, former Playboy Playmate Jenny McCarthy, will receive a giant new platform for her viewpoints when she joins the daytime gossipfest The View on Sept. 9. The belief that the MMR vaccine causes autism goes back to a 1998 study published in the Lancet by a British gastroenterologist named Andrew Wakefield. In 2010, after years of criticism, the journal finally retracted Wakefield's study, announcing that it was "utterly clear, without any ambiguity at all, that the statements in the paper were utterly false.' Britain's General Medical Council later revoked Wakefield's medical license, noting that he'd failed to disclose his role as a paid consultant to lawyers representing parents who thought vaccines had harmed their kids. The CDC makes clear there is no connection between vaccines and autism."

Here, Dr. King also observes that the statements in the preceding paragraph do <u>not</u> provide, or cite, any proof that <u>no child</u> can regress into "autism" after being given an MMR vaccination, when, *for Merck's M-M-R II vaccine*, the package insert for the USA market clearly states[33] that giving this vaccine can cause brain inflammation (encephalitis) and brain damage/malfunction (encephalopathy) [*emphasis added*]:

"Nervous System

<u>Encephalitis</u>; <u>encephalopathy</u>; measles inclusion body encephalitis (MIBE) (see CONTRAINDICATIONS); subacute sclerosing panencephalitis (SSPE); Guillain-Barré Syndrome (GBS); febrile convulsions; afebrile convulsions or seizures ataxia; polyneuritis; polyneuropathy; ocular palsies; paresthesia.

Experience from more than 80 million doses of all live measles vaccines given in the U.S. through

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32 Goldman GS, Yazbak FE. An Investigation of the Association Between MMR Vaccination and Autism in Denmark. *J Am Phys Surg* 2004; 9(3): 70-75. This article is available online at http://www.jpands.org/vol9no3/goldman.pdf.

33 http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM123789.pdf, last visited on 21 August 2013.

> 1975 indicates that significant central nervous system reactions such as encephalitis and encephalopathy, occurring within 30 days after vaccination, have been temporally associated with measles vaccine very rarely.[54] In no case has it been shown that reactions were actually caused by vaccine. The Centers for Disease Control and Prevention has pointed out that "a certain number of cases of encephalitis may be expected to occur in a large childhood population in a defined period of time even when no vaccines are administered". However, the data suggest the possibility that some of these cases may have been caused by measles vaccines. The risk of such serious neurological disorders following live measles virus vaccine administration remains far less than that for encephalitis and encephalopathy with wild-type measles (one per two thousand reported cases).
>
> Post-marketing surveillance of the more than 200 million of M-M-R and M-M-R II that have been distributed worldwide over 25 years (1971 to 1996) indicates that serious adverse events such as encephalitis and encephalopathy continue to be rarely reported.[17] …",

and, *in developing children*, these adverse medical conditions can produce the persistent neurodevelopmental symptoms used to diagnose "autism".

Moreover, given that not-more-than 1 % of the observed serious adverse events are "reported" (see footnote "**8**"), the real incidence for cases of encephalitis/encephalopathy in children after MMR-vaccine administration probably exceeds the levels reported for clinical measles cases ("one per two thousand reported cases").

Further, based on the Danish findings reported earlier (see footnote "**31**") for "autism spectrum disorder" cases in Danish children, such cases appear to be on the order of 1 in 1272 – enough to account for 4 % of the "2 percent" (1 in 50) diagnoses of "autism spectrum disorder" cases that the government estimated in USA children[34] who were 6 through 17 years of age when these studies were conducted.

"Yet this dangerous idea persists. Often, it persists among people who are simply doing what they think is best for their kids. Which is why it's necessary to take extra measures to ensure nonvaccinators understand the risk they pose to other people's children."

To the extent that we live in a media and corporate propagandized world, where the "truth" is considered "dangerous", Dr. King observes that the reality that, in some children, "autism" can develop after MMR vaccine administration is a persistent truth, as recognized and adjudicated in recent court cases.

Moreover, as Dr. King has shown,

1. Those individuals who live in the USA today and choose to avoid MMR vaccination or, *for that matter*, all vaccination for themselves and/or their children pose almost no risk to "*other people's children*".

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34 http://www.cdc.gov/media/releases/2013/a0320_autism_disorder.html, "CDC and HRSA issue report on changes in prevalence of parent-reported Autism Spectrum Disorder in school-aged children", issued on March 20, 2013; last visited on 3 August 2013.

2. When live-virus vaccines are administered, those who are given such live-virus vaccines pose a greater risk to those who are:

a. too young to be vaccinated,

b. vaccinated but develop no protection, or

c. unvaccinated for other reasons

for some period, *to varying degrees after they have been vaccinated*, than the unvaccinated children do to:

i. the vaccinated children and

ii. those who, for whatever reasons, are not vaccinated.

3. Given that children who are vaccinated with live-virus vaccines do pose some risk of infecting others for some time after they are vaccinated, these vaccinees should be quarantined from contact with others for a suitable period of time of *not-less-than* two (2) weeks, when the proven risk of shedding the live-virus is low and shedding does not last more than a few days after the virus begins to replicate (as it is claimed for the live-virus used in the measles vaccine), to *not-less-than* four (4) to six (6) weeks, when shedding is extensive and persists for multiple weeks after inoculation as it is, for example, for the live chickenpox-component vaccines (Merck's Varivax® and ProQuad®), the live shingles vaccine (Merck's Zostavax®), the live nasal influenza vaccine (MedImmune's FluMist® and, now, FluMist Quadrivalent), the live oral polio vaccines that are no longer recommended in the USA, and the live rotavirus vaccines (Merck's RotaTeq® and GlaxoSmithKline's Rotarix®).

"Dorit Rubinstein Reiss, a professor of law at UC Hastings College of the Law and author of the blog Before Vaccines, argues in support of Caplan and his co-authors that if you fail to take reasonable precautions to prevent your child from transmitting a deadly virus to another child, you should bear the cost of that risk. If the government doesn't impose liability, it is giving anti-vaxxer parents a free pass for posing a danger."

Diseases Caused by Live Viruses: Vaccination or Exemption, Your Choices

Since:

a. The greater general risk is the risk that those recently inoculated with a live-virus vaccine will shed live virus and infect those who, for whatever reason, are not vaccinated and/or are vaccinated but not protected from the live-virus disease organisms in the vaccine rather than the risk that those who are not vaccina

ted will contract a live-virus disease, shed that live virus and infect others, and

b. Those who are vaccine-damaged or, for minors and wards, their parents or guardians are prohibited from suing either the vaccine manufacturers or the healthcare providers who inoculated them even when they did so without obtaining the prior, written, and informed consent of the individuals damaged or, for minors or wards, their parents or guardians,

the arguments presented here by Lipinski are clearly unsound and the language used, "*giving anti-vaxxer parents a free pass*", speaks to a non-existent group as well as to the double standard and inequities that Lipinski and his fellow vaccine apologists are promoting.

Those who lawfully choose not to vaccinate their children and/or themselves at all, or have never vaccinated their children and/or themselves, or, if childless, have chosen to never vaccinate themselves are simply non-vaccinators.

Similarly, those who lawfully choose to selectively vaccinate their children and/or themselves are selective vaccinators.

To be an "*anti-vaxxer parents*" group, the group would have to be opposed to allowing any competent person to decide to vaccinate his or her child or ward, and/or herself or himself.

Neither non-vaccinators nor selective vaccinators oppose the vaccination of those who are able to make an informed-consent decision and choose to vaccinate himself or herself or his or her minor children/wards.

Further, rather than seeking to limit others, non-vaccinators and selective vaccinators are simply asserting their legal right to make an informed medical decision to forego or postpone one or more allegedly-disease-preventive vaccines for themselves, and/or their children/wards.

Moreover, for those communicable diseases for which there is an effective vaccine, there is a risk that those who are not vaccinated may contract one or more of those diseases, those making this decision are not getting a "*free pass*" because they are knowingly risking having themselves or their children or wards contract one or more of such diseases and develop the infrequent serious complications that having those diseases may trigger, while probably acquiring natural disease protection, which is universally recognized as being more robust and longer lasting than the vaccination-provided disease protection.

Furthermore, based on the results from the survey studies in never-vaccinated children, those who choose to have never-vaccinated children clearly have significantly healthier children today than those who rigorously adhere to the CDC's current recommended vaccination schedule when it comes to almost any chronic childhood health/medical condition

— by a factor of 2 to 5 or more[35].

Of course, these non-vaccinating and selectively vaccinating parents understand that their young children may have to be nursed through the childhood diseases that the vaccines may prevent or postpone.

However, they also know that the natural disease protections that their children then acquire are more complete and will generally last longer than the uncertain and incomplete vaccine protection and, if any disease protection is provided, the shorter-duration incomplete protection provided by vaccination.

Moreover, having these childhood diseases as their parents, grandparents or great grandparents did by-and-large provides children with the natural immune-system boosting and health-protective effects that have been found to be conferred by having and recovering from these childhood diseases as most children who contract them do.

For example, studies have shown that having natural chickenpox provides protection from certain cancers[36] and skin diseases[37].

Hopefully, after reading this response, the reader will know that parents who are non-vaccinators and/or selective vaccinators are <u>not</u> "*anti-vaxxer parents*".

<u>They are only parents who desire to make their own choices about vaccination for themselves and their minor children and/or wards</u>, guided by: **a)** their sincerely held beliefs, religious or conscientious, or **b)** their understanding of: **i)** the risks, including death and permanent injury, from both vaccination and non-vaccination, **ii)** the theoretical benefits of vaccination, and **iii)** the understood benefits of contracting and recovering from the childhood diseases for which there is a vaccine.

Vaccination, Exemption and Liability

"There should be exceptions, of course. A child may be too young to receive a vaccine or may be undergoing a medical treatment like chemotherapy that prevents vaccines from working. A vaccine shortage or lack of access to a medical facility would legally excuse a parent for not vaccinating."

Here, Dr, King agrees with Lipinski that there should be <u>no</u> liability for <u>not</u> vaccinating whenever Lipinski's proposed exempting conditions apply, but would again argue that the exercise of: **a)** any fundamental right, like adherence to a personal religious belief that opposes vaccination, or **b)** any available recognized legal exemption from vaccination

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35 http://dr-king.com/docs/20130606_DrftRevuOf_Sticking_with_the_truth_b_r1.pdf, pages "27" through "53".

36 Wrensch M, Weinberg A, Wiencke J, Miike R, Sison J, Wiemels J, et al. History of chickenpox and shingles and prevalence of antibodies to varicella-zoster virus and three other herpes viruses among adults with glioma and controls. ***Am J Epidemiol*** 2005; **161**(10): 929–938.

37 Silverberg JI, Kleiman E, Silverberg NB, Durkin HG, Joks R, Smith-Norowitz TA. Chickenpox in childhood is associated with decreased atopic disorders, IgE, allergic sensitization, and leukocyte subsets. ***Pediatr Allergy Immunol*** 2012; **23**(February (1)): 50–58.

should legally excuse parents from any subsequent civil or criminal legal action for not vaccinating themselves or their children or wards.

"There are legal obstacles to penalizing parents who don't vaccinate their kids. Courts are generally less likely to impose liability on someone who fails to act than they are on someone who acts recklessly. Also, proving cause and effect will sometimes be difficult. Then again, to win damages, a plaintiff would only have to prove that it's "more likely than not" that a nonvaccinated child infected another person."

Again, Lipinski acts as if the actions of parents who vaccinate carry no threat whatsoever to the unvaccinated or to those who are vaccinated but have no protection at all from an infectious disease (which, depending upon the vaccine, the vaccinated person's age, and the time from the last dose, occurs initially in about 4 to 5 percent of those who are vaccinated [e.g., the live-virus measles component in the MMR vaccine] to 30 to 100 percent of those who are vaccinated [e.g., an annual live-virus flu vaccine]).

Factually, parents who choose to vaccinate their children with any live-virus vaccine (commonly in the USA today, the two (2) oral rotavirus vaccines, the MMR and MMR-V vaccines, the varicella vaccine, and the one nasal flu vaccine as well as, less commonly, a rabies vaccine, the smallpox vaccine, a typhoid fever vaccine, and the yellow fever vaccine) are putting those who are unvaccinated but have not had these diseases and the vaccinated but unprotected population at some risk unless, after their children are vaccinated, they rigorously quarantine their vaccinated children and, *for an appropriate post-inoculation period in which they may shed live virus*, prevent them from interacting with all other children and adults, or be potentially responsible for their children's infecting others.

However, Lipinski fails to mention, much less address, these issues — an ever-increasing vaccination dichotomy.

Moreover, because most parents (87-plus %) are vaccinating their young children with the State-mandated vaccines, including the live-virus only ones and, *in some instances*, the live nasal spray influenza vaccine, the collective risk these vaccinated children pose to:

a. the unvaccinated, *who have not had the diseases for which the vaccines provide many some protection*, and

b. the previously vaccinated, *but not protected*, children

is *greater than* the overall risk posed by some tiny percentage of the small percentage of unvaccinated children, who contract a communicable childhood disease from interacting with some other infected person or the infected person's shedding of the virus in their nasal and oral fluid emissions, sneezes, and/or bowel movements.

Since neither Lipinski nor the "bioethicists" nor the CDC are sugges

ting that parents must rigorously quarantine their children from interacting with anyone outside of the parents for a specified period of time for each vaccine whenever their children receive a live-virus vaccine, clearly these entities seem to have no real interest in protecting: **a)** the children and adults, who are not vaccinated and have not had the disease(s) for which the vaccine may provide protection, from the vaccination-induced shedding by some who are vaccinated with these live-virus vaccines, or **b)** for those who have been vaccinated but for whom the vaccinations now provide no protection, protecting those vaccinated children and adults from exposure to the vaccines' live-virus(es) being shed by the "recently" vaccinated.

Based on the preceding facts, Lipinski's parental liability threat is just another ploy designed to: **a)** coerce more parents into vaccinating their children, wards and themselves, and **b)** "criminalize" lawful parental decision-making based on a biased presentation and the Establishment's agenda for ever-increasing universal vaccination.

Factually, this discussion shouts about the risk of the unvaccinated child, even though,

a. For the unvaccinated child who has had the communicable diseases for which there is a vaccine and recovered from them, there is no general risk, and

b. For the unvaccinated child who has not had these communicable diseases, when infected, most infect few outside of their susceptible family members because most non-vaccinating and selective-vaccinating parents do quarantine their children, who have not had the infectious childhood diseases*, from outsiders when they* know these children have been exposed to a contagious disease or have contracted a given communicable disease.

However, this presentation does not even mention, much less discuss, the risk to those unvaccinated and vaccinated children who, for whatever reason, are at risk of contracting a disease from exposure to the vaccine strains of live viruses and other adventitious viruses (e.g., SV-40) introduced during the production of the vaccine viruses that are being shed by a person recently inoculated with a live-virus vaccine containing such viruses.

Given the preceding realities, if anyone should file a lawsuit, it is the parents of the disease-susceptible unvaccinated and vaccinated children who are being exposed to the live vaccine-strain viruses shed by those children who were recently vaccinated with a live-virus vaccine and not appropriately quarantined from the public for at least two weeks or, if the live virus(es) in the vaccine can be shed for longer than two weeks, a

period *not less than* one week beyond the longest period of shedding found in those given the vaccine.

Vaccination: Driven by Belief, Care or Fear?

"Parents who don't vaccinate their kids may have the most heartfelt reason in the world: fear for their own children's safety."

First, for those whose personal beliefs demand that vaccination be avoided, Lipinski's "*fear for their own children's safety*" has little to do with those parents' desire to protect their children from vaccines that violate their personal beliefs.

Second, since parents generally love their children more than others do, and are responsible for caring for, nurturing, and protecting their children from unnecessary health risks as well as bear the brunt of any harm, be it from disease or vaccination, parents, *unless proven unfit*, are recognized as having the right to make all non-emergency medical decisions concerning their minor children and wards.

Since making decisions about such allegedly-disease-preventive vaccinations fall within the rights of the parents, parents have the "unalienable Right", as memorialized in the Declaration of Independence and recognized in the Constitution of the United States of America, to make all such medical decisions.

Recognizing the preceding realities in the USA, parents have the duty and the right to decide which vaccines, if any, they will allow their minor children to receive and when, subject to the time limits for giving such vaccines, if ever, that each vaccine is to be administered.

Moreover, since parents bear the consequences to their children from the outcomes of their choices, parents, *unless proven to be unfit because they cannot care for or have been shown to have intentionally harmed their children*, have the right, for whatever reason, including concern "*for their own children's safety*", to decide whether to allow a given vaccine to be administered to their children.

"But the basis for that fear is simply unfounded, and their decisions are putting other kids directly at risk."

First, contrary to Lipinski's unsupported initial assertion, "... *the basis for that fear is simply unfounded*", Dr. King has shown that the parents have reason to be concerned about the current vaccines and the current CDC-recommended vaccination programs for children and adults in the USA.

Second, as Dr. King has shown for the live-virus vaccines, the parents' decision not to vaccinate is putting other children at *no less* risk than deciding to vaccinate with a live-virus-containing vaccine.

Moreover, except for the alphaherpes varicella zoster virus, common

ly called the varicella zoster virus (VZV)[38], that causes chickenpox and shingles, unvaccinated children who have already had the childhood communicable disease for which there is an FDA-approved vaccine and recovered from that disease cannot subsequently be putting any non-vaccinated, or vaccinated but non-protected, child or adult at risk.

Further, the risks to the non-vaccinated, and vaccinated but not protected, child arise because, after vaccination with a live-virus vaccine, parents are not generally told to, and do not, rigorously quarantine their newly vaccinated children from contact with other children and adults (other than the care-giving parent(s) or persons who are known: **a)** to have had the childhood diseases covered by that live-virus vaccine, or **b)** to be truly protected from contracting the diseases covered by the live-virus vaccine administered to the children) for the appropriate number of weeks.

The reason for the quarantine is that shortly after being vaccinated with a live-virus vaccine, the vaccinated person may shed some level of some virus or viral contaminant into the air, nasal and oral emissions, and/or feces for some period of time after vaccination, and any unprotected child or adult, *vaccinated or not*, interacting with that recently vaccinated child may be infected by, or spread, the vaccine-strain of the live virus(es) or live-virus contaminants administered to the vaccinated child.

For example, childcare workers changing the feces-soiled diapers of those children recently vaccinated with a rotavirus vaccine can contract or spread the vaccine-strain(s) of the live rotavirus(es) administered.

The Government's Interest and MMR Vaccination

"The bottom line is that the government's interest in protecting children from getting the measles should trump parents' interest in making medical decisions for their kids."

Since, at best, the MMR vaccine:

- Does not protect all children from subsequently getting a clinical case of measles,
- Causes some who are inoculated with the MMR vaccine to get a clinical case of the vaccine-strain of measles,
- Causes others who are inoculated with the MMR vaccine to contract atypical measles,
- Causes some to have the same serious adverse side effects as

[38] Goldman GS, King PG. Review of the United States universal varicella vaccination program: Herpes zoster incidence rates, cost effectiveness, and vaccine efficacy based primarily on the Antelope Valley Varicella Active Surveillance Project data. ***Vaccine*** 2013 March 25; **31**(13): 1680-1684 (open access) [http://www.sciencedirect.com/science/journal/0264410X/31/13, article "6"].

can occur as a complication to measles, mumps and/or rubella, and

- Importantly, abnormally infects everyone inoculated with the MMR vaccine with live measles, mumps and rubella viruses,

all who are vaccinated with the MMR vaccine are infected by it.

Thus, MMR vaccination infects the vaccinated children with the vaccine strain of the measles virus, even though most of the infections do not become clinical cases of measles.

However, because the route of exposure is abnormal (injection) as compared to the natural disease exposure (by inhalation), the measles protection provided by the MMR vaccine is incomplete.

Moreover, the MMR vaccine's incomplete protection from contracting measles does not last as long (estimated vaccine protection from measles lasts less than 25 years) as having a natural case of measles and recovering (where the estimated natural protection period is "lifetime" [more than 60 years]).

Further, the government is engaged in touting the MMR vaccination program even though the required fundamental preclinical carcinogenicity and mutagenicity safety studies have not been conducted for the MMR/-MMR-V vaccines[39, 40, 41], nor have any double-blind, true-placebo-controlled studies been published comparing the safety of the MMR/MMR-V vaccines to both a true placebo (e.g., sterile, pH-balanced, isotonic saline) and to vaccination with separate measles, mumps and rubella component vaccines given separately: **a)** on the same day, or **b)** in different months (in a pattern simulating the natural course of infection by these three viruses, which do not generally infect the child at the same time).

Given all of the preceding actualities, "*the government's interest in protecting children from getting the measles*" is illusory.

Based on the government's vaccine propaganda and this vaccine apologist's rant, the government's actual interest seems to be in promoting "100%" vaccination with an increasing number of doses[42] to increase

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39 http://dr-king.com/docs/20130501_Vaccines_The_Safest_of_Medicines_or_the_Biggest_Liequstn_e_b_r1.pdf, "**Appendix A**", pages "A-2" and "A-4".

40 http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM123789.pdf (Merck & Co.'s M-M-R II [MMR] vaccine package insert), last accessed on 22 August 2013.

41 http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM123796.pdf, (Merck & Co.'s ProQuad [MMR-Varicella] vaccine] package insert, last accessed on 22 August 2013.

42 Advisory Committee on Immunization Practices (ACIP) Recommended Immunization Schedule for Adults Aged 19 Years and Older — United States, 2013. *MMWR* 2013 Feb 1; 62(01): 9-19 (http://www.cdc.gov/mmwr/preview/mmwrhtml/su6201a3.htm?s_cid=su6201a3_w), emphasis added:

"7. Measles, mumps, rubella (MMR) vaccination

- Adults born before 1957 generally are considered immune to measles and mumps. All adults born in 1957 or later should have documentation of 1 or more doses of MMR vaccine unless they have a medical contraindication to the vaccine, or laboratory evidence of immunity to each of the three diseases. Documentation of provider-diagnosed disease is not considered acceptable evidence of immunity for measles, mumps, or rubella.

Measles component:

- A routine second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who are students in postsecondary educational institutions;

the vaccine maker's profits as well as continue to add to the federal government's revenues[43].

Were the federal government truly interested "*in protecting children from getting the measles*", then, it would be quarantining all persons entering the USA (similar to the Ellis Island quarantine procedures of the early 1900s) from any country where measles is endemic or where there is a country-wide outbreak in measles cases until a rapid-screening test could establish that they were not infected with measles or, *if infected*, until several days after they stopped shedding the measles virus.

If "*protecting children from getting the measles*" from other than being vaccinated with a vaccine containing live measles virus were the government's interest, quarantine would be the federal government's program because most measles outbreaks are initiated by an "imported" case of measles that was, for whatever reasons, not detected when the person entered/-reentered the USA.

Moreover, Lipinsk's assertion

> "*the government's interest in protecting children from getting the measles should trump parents' interest in making medical decisions for their kids*",

is at odds with: **a)** the Declaration of Independence (of the United States of America); **b)** the Constitution of the United States of America, especially the freedoms guaranteed in the "Bill of Rights" and other Amendments thereto; **c)** the limited scope of the federal government's powers, which does not include the protection of the health of the people, which is a right that is

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work in a health-care facility; or
plan to travel internationally.

- Persons who received inactivated (killed) measles vaccine or measles vaccine of unknown type during 1963–1967 should be revaccinated with 2 doses of MMR vaccine.

Mumps component:

- ....
- ...

Rubella component:

- ...

HCP born before 1957:

- For unvaccinated health-care personnel born before 1957 who lack laboratory evidence of measles, mumps, and/or rubella immunity or laboratory confirmation of disease, health-care facilities should consider vaccinating personnel with 2 doses of MMR vaccine at the appropriate interval for measles and mumps or 1 dose of MMR vaccine for rubella."

Clearly, absent immunological "proof" of disease protection from measles, two additional doses of the MMR vaccine are now being recommended for students in postsecondary educational institutions, work in a healthcare facility, or plan to travel internationally. Apparently, this is the approach that the federal government industry-controlled advisory group (CDC's ACIP) has adopted to knowingly mislead the American public that a 2-dose MMR vaccination program provides measles "immunity", while recommending two additional doses of the live-virus MMR vaccine be given to those most at risk to being exposed to someone who is shedding live measles virus. Next, like the Establishment's approach to mandating annual influenza vaccination for health care personnel: Having either proof of "immunity" or getting 2 additional MMR doses will be a condition for: **a)** enrollment/-continuing enrollment for postsecondary students; **b)** employment/maintaining employment in a healthcare facility; and **c)** international travel to many nations. In reality, these "recommendations" and "mandates" are simply devices used to increase the market for the vaccines while, in the case of the MMR vaccine continuing to falsely claim that the initial 2-dose MMR vaccination program provides "immunity" to measles and misleadingly continuing to portraying the current vaccination programs as "immunization" programs.

[43] The federal government collects an excise tax of $ 2.25 per dose, which is added to the vaccine's price and paid by the vaccine makers to the federal government – or about $ 9 million per year from the current "2-plus-dose" MMR vaccination program for children each year – and more for the additional doses given to adults.

retained by the States and the people[44]; and **d)** the reality that giving the MMR vaccine infects the person who receives the dose with live measles, mumps and rubella viruses.

Finally, Lipinski is intentionally misrepresenting the parents' right to make medical decisions for their dependent children as if it were only an "*interest*", when it is an "unalienable Right".

"The creators of Law & Order: Special Victims Unit seem to agree. The name of the episode in which a little girl dies as a result of a mother's refusal to immunize her son? 'Selfish.'"

Here, Lipinski states his opinion that the "*creators of Law & Order: Special Victims Unit seem to agree*" without citing any evidence to support his claim.

Since the pharmaceutical industry is one of the, if not the, biggest advertisers on the television networks, Dr. King thinks that the measles death and vaccination angles were added to this Apr 29, 2009 episode of "*Law & Order: Special Victims Unit*" as propaganda designed to support the vaccine and healthcare establishments' jaundiced views.

Further, the title of this episode, "*Selfish*", appears to be prejudicial hypocrisy because the apparent reason for the "death" of the "child" who had "contracted measles from another child whose parents had decided not to vaccinate their child" was "caused by the negligence of the mother of the child who died".

This appears to be the case because, in addition to physically abusing her sick child, she did not give appropriate supportive care for, nor, *for whatever reasons*, seek out appropriate medical care and treatment for, her sick child[45].

Dr. King's Concluding Remarks

What is endangering America today in the area of vaccines and vaccination is the increasing presentation of pro-vaccine propaganda as if it were factual and the failure of the Establishment, at all levels, to recognize that today's vaccination programs are, for a number of reasons, a significant causal factor for the epidemics of chronic adverse childhood health conditions (labeled as diseases, disorders and syndromes) that were very rare or unknown before 1930.

While Jed Lipinski, an obvious apologist for vaccines and vaccination,

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[44] That only the States have the right to mandate prophylactic vaccination is obvious because the mandates to vaccinate as a condition of education emanate from the States; the federal government can only make vaccination program recommendations, which each State may or may not mandate. Moreover, the right to make medical decisions, *including prophylactic vaccination decisions*, has been recognized as a constitutional "bodily integrity" right that is generally reserved, except in immediate life-threatening situations, to each person, including each American parent, unless proven to be unfit, of his or her children and wards, and to any other competent adult in the USA, unless proven to be non-competent to make such decisions

[45] http://allthingslawandorder.blogspot.com/2009/04/law-order-selfish-recap-review.html, "Selfish" episode recap and review, last visited on 22 August 2013.

limits his remarks to "autism" (autism spectrum disorders [ASDs]), which the government has most recently recognized as a "2%" contributor (see footnote "**34**") to chronic childhood health conditions (CCHCs), Dr. King understands that CCHCs include, but are not limited to, the 10-plus-percent health conditions, like childhood asthma/COPD, childhood obesity, childhood diabetes (both type 1 and type 2 combined), as well as the serious childhood gastrointestinal disorders, childhood cancers/leukemias, and life-threatening childhood allergies and serious food intolerances such that, in the 2006 NHANES cohort, about 51.5% of the children in the cohort had some chronic health condition during the study period and about 26.6% had a chronic medical condition at the end of the study.

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About the Writer, Jed Lipinski

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"Jed Lipinski's Summary

I'm a freelance journalist specializing in culture, science and technology stories. I write regularly for the New York Times, Fast Company Magazine and Capital New York, and I've contributed to the Wall Street Journal, Mental Floss Magazine, Vice Magazine, Bookforum, Salon.com, the Village Voice, and others. Before turning to freelancing, I worked as a columnist for the neuroscience journal CNS Spectrums, an editorial fellow at Salon, an adjunct professor of creative writing at New York University, and a research assistant at Harvard Medical School. I graduated from Bates College with a double major in English and Biology. In addition to freelance writing, I'm currently ghostwriting a memoir for a young tech entrepreneur and pitching a reality TV series based on the 2013 Python Challenge.

Jed Lipinski's Experience

Freelance Contributor
The New York Times
Public Company; 1001-5000 employees; NYT; Newspapers industry
July 2010 – Present (3 years 2 months) Brooklyn, NY
I contribute regularly to N.Y./Region, Metropolitan, Styles, Arts & Design, Home, Dining, and the City Room Blog.

Freelance Contributor
Fast Company
Privately Held; 51-200 employees; Publishing industry
June 2011 – Present (2 years 3 months) Brooklyn, New York
For this business and technology magazine, I've written stories on all-female hackathons, the revitalization of the Muppets franchise, and 2011's Most Creative People in Business, among others.

Reporter/Blogger
Capital New York
Privately Held; 1-10 employees; Online Media industry
February 2012 – Present (1 year 7 months) Brooklyn, NY
I'm an arts and culture reporter/blogger at this New York City-based arts and culture website. My stories have ranged from on-the-ground coverage of Hurricane Sandy to interviews with author and climate activist Bill McKibben to a profile of a transgender video game designer.

Freelance journalist
Centers for Disease Control and Prevention
Government Agency; 10,001+ employees; Government Administration industry
2013 – 2013 (less than a year)

Freelancer
IRE
2007 – 2013 (6 years)

Editorial Fellow
Salon.com
Public Company; 51-200 employees; Writing and Editing industry
October 2009 – May 2010 (8 months) New York City
At Salon, I provided editorial support to the editors of Books, Culture, and Broadsheet blog. I also wrote essays for the Life section and conducted interviews with well-known authors for Books.

Writer's Assistant
Sean Wilsey
November 2007 – October 2009 (2 years) New York City
Provided research, editing and fact-checking support to Sean Wilsey, author of the national bestselling memoir "Oh the Glory of It All" and editor of "State by State: A Panoramic Portrait of America."

SAT Preparation Instructor
Academic Approach
November 2007 – February 2009 (1 year 4 months) New York, New York
Wrote The Academic Approach's online reading comprehension manuals for use at elite New England private schools.

Assistant Editor
CNS Spectrums: The International Journal of Neuropsychiatric Medicine
January 2007 – November 2007 (11 months) New York City
Provided editorial and administrative support to the editor of this well-established medical journal.
Wrote a monthly column about breaking news in the field of psychiatry.

Adjunct Instructor
New York University's Faculty of Arts and Sciences
September 2006 – December 2006 (4 months)
Taught Creative Writing: Introduction to Fiction and Poetry, which introduces undergraduates to the basic elements of fiction and poetry through in-class writing, take-home assignments and discussions of craft.
Met with students individually to address issues of grammar, craft, and structure.

Jed Lipinski's Publications

- *Shannon Galpin Has a Mission: Putting Afghans on Bikes*
  New York Times
  April 16, 2013
  Authors: Jed Lipinski
  After discovering the existence of the Afghan Women's National Cycling Team, human rights activist Shannon Galpin traveled to Afghanistan to film and equip some of the country's first female cyclists, who risk their lives by riding bikes.
- *Hasidic Sleuth's Beat: Mean Streets of Brooklyn*
  The New York Times
  July 8, 2011
  Authors: Jed Lipinski
  A profile of Joe Levin, a Hasidic private detective in Brooklyn focusing on orthodox Jewish crime
- *CrossFit Offers an Exercise in Corporate Teamwork, Too*
  New York Times
  March 30, 2013
  Authors: Jed Lipinski
  A look at the popularity of CrossFit, an extreme fitness trend, in workplaces around the country.
- *Off Reggae's Grid, Back on the Map*
  The New York Times
  February 16, 2013

Authors: Jed Lipinski
A profile of Watty Burnett, a Jamaican reggae icon who has been living in Dix Hills, Long Island, for the last 30 years

- *Leaving His Footprints on the City*
  The New York Times
  March 23, 2012
  Authors: Jed Lipinski
  A profile of the man who is walking every street in New York City
- *Chasing the Cicada: Exploring the Darkest Corridors of the Internet*
  Mental Floss Magazine
  December 17, 2012
  Authors: Jed Lipinski
  A graduate student gets caught up in what may or may not be an NSA recruiting exercise
- *You're Not a Stranger When You Leave*
  The New York Times
  August 31, 2011
  Authors: Jed Lipinski
  An exploration of the "clothing optional" subculture on Couchsurfing.com
- *Turning Geek Into Chic*
  The New York Times
  December 17, 2010
  Authors: Jed Lipinski
  A look at Brooklyn's first DIY biology lab
- *Staten Islanders Tell of Heart-Stopping Rescues, Heartbreaking Losses as Death Toll Mounts*
  Capital New York
  November 1, 2012
  Authors: Jed Lipinski
  Visiting Staten Island the day after Hurricane Sandy
- *Via YouTube, Leading Tours of the City's Art Scene*
  The New York Times
  December 24, 2011
  Authors: Jed Lipinski
  A profile of Loren Munk, an artist who chronicles the New York City art scene through YouTube videos

Jed Lipinski's Skills & Expertise

1. Copy Editing
2. Journalism
3. Editing
4. Blogging
5. Copywriting
6. Interviews

Jed Lipinski's Education

New York University
MFA, Creative Writing
2005 – 2007

Bates College
B.A., Biology and English
1998 – 2002
Grade: 3.5 GPA

Jed Lipinski's Additional Information

Interests:
Reading, writing, reporting, walking around New York City

Groups and Associations:
New York Times, Capital New York, Fast Company, Wall Street Journal, The Brooklyn Rail, Salon.com, The Village Voice

Science Writers in New York (SWINY)

About the Responder, Paul G. King, PhD

In addition to the information that is available on his Internet web site, http://www.dr-king.com/, Dr. King is the Science Advisor to the Coalition for Mercury-Free Drugs (CoMeD, Inc., which is a 501(3)(c) not-for-profit corporation with an Internet web site at http://www.mercury-freedrugs.org/) as well as the Science Advisor to the National Coalition of Organized Women (NCOW).

As a scientist and student of the federal regulations and statutes that govern pharmaceutical drugs, including vaccines, Dr. King has led CoMeD, on two separate occasions, in the drafting and submission of a "Citizen Petition" seeking to have the federal government comply with the law, and, based on the improper denial of the Citizen Petition submitted, a federal lawsuit seeking to have the Federal District Court for the District of Columbia compel the Secretary of the Department of Health and Human Services (DHHS) and the FDA Commissioner to comply with the statutes, laws (regulations) and policies that regulate the lawful conduct of the DHHS Secretary, the FDA commissioner and CDC and FDA officials.

Furthermore, Dr. King has, on several occasions, drafted legislation for submission to the Congress of the USA as well as to the legislatures of various States, submitted cogent comments in opposition to proposed changes to federal and state regulations that are not in the public interest or appear to be at odds with the law, reviewed numerous documents, and written articles on a multiplicity of vaccine-related and other issues.

Moreover, Dr. King has provided diverse groups with his analysis of various Congressional bills, resolutions and treaty documents as well as federal and state judicial proceedings.

In addition, he has been an author of papers bearing on issues related to the toxicity of Thimerosal and other compounds and, if any, their connection to a range of chronic neurodevelopmental, other developmental and behavioral abnormalities that appear to be well-above (> 1 in 10 children; asthma and obesity), above (> 1 in 100 children; the autism spectrum disorders), at (> 1 in 1000 children; non-genetic childhood type 1 diabetes), or approaching (peanut allergy) epidemic childhood levels in the USA.

More recently, Dr. King was the co-author of a paper in the journal ***Vaccine*** with Gary S. Goldman, PhD, which reviewed the United States universal varicella vaccination program.

This paper established that the current CDC-recommended two-dose vaccination program was neither truly effective in preventing all of those who are twice vaccinated from getting chickenpox nor, since it greatly increases the public's risk of having clinical cases of shingles, cost effective for universal use (see footnote "**38**").

Referenced Figures (2) and Tables (2)

Figure 1. MEASLES Cases and Deaths— United States, 1950–2005[46]

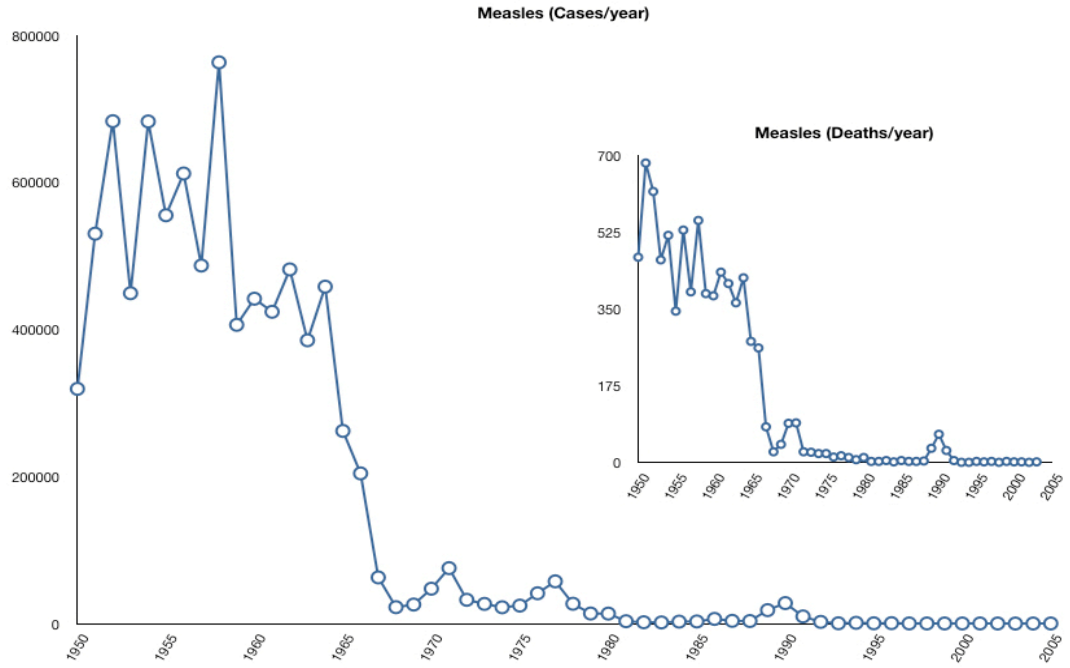
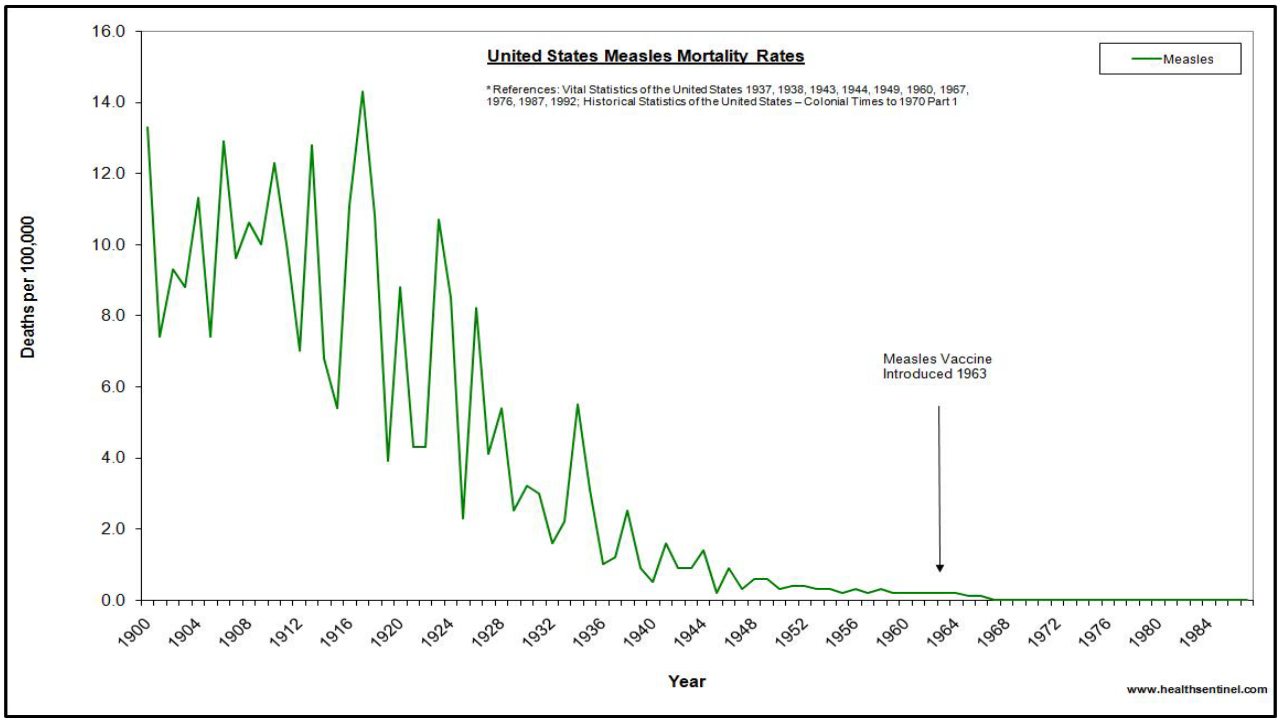


Figure 2. Measles Mortality Rates in the USA 1900-1984[47]



46 http://www.iayork.com/MysteryRays/2009/09/02/measles-deaths-pre-vaccine/, last visited on 18 August 2013.

47 Taken from http://www.healthsentinel.com, http://www.healthsentinel.com/joomla/images/stories/graphs/us-measles.jpg, on 18 August 2013.

"TABLE 2. (*Continued*) Reported cases of notifiable diseases,* by geographic division and area — United States, 2011"

Notifiable Disease: Measles

Area	Total	Indigenous (%)	Imported†	Area	Total	Indigenous	Imported†
United States	220	140 (63.67)	80	E.S. Central	4	1 (25.00)	3
New England	28	18 (64.28)	10	Alabama	—	—	—
Connecticut	1	—	1	Kentucky	1	—	1
Maine	—	—	—	Mississippi	—	—	—
Massachusetts	24	17 (70.83)	7	Tennessee	3	1 (33.33)	2
New Hampshire	1	—	1	W.S. Central	6	5 (83.33)	1
Rhode Island	1	—	1	Arkansas	—	—	—
Vermont	1	1 (100.00%)	—	Louisiana	—	—	—
Mid. Atlantic	49	35 (71.43)	14	Oklahoma	—	—	—
New Jersey	4	3 (75.00)	1	Texas	6	5 (83.33)	1
New York (Upstate)	7	4 (57.14)	3	Mountain	20	13 (65.00)	7
New York City	25	16 (64.00)	9	Arizona	2	—	2
Pennsylvania	13	12 (92.30)	1	Colorado	—	—	—
E.N. Central	21	15 (71.43)	6	Idaho	—	—	—
Illinois	3	1 (33.33)	2	Montana	—	—	—
Indiana	14	13 (92.86)	1	Nevada	1	— (0.00)	1
Michigan	2	1 (50.00)	1	New Mexico	4	1 (25.00)	3
Ohio	—	—	—	Utah	13	12 (92.31)	1
Wisconsin	2	— (0.00)	2	Wyoming	—	—	—
W.N. Central	34	30 (88.23)	4	Pacific	38	16 (42.10)	22
Iowa	1	— (0.00)	1	Alaska	—	—	—
Kansas	6	6 (100.00)	—	California	31	12 (38.71)	19
Minnesota	26	23 (88.46)	3	Hawaii	—	—	—
Missouri	—	—	—	Oregon	3	2 (66.67)	1
Nebraska	—	—	—	Washington	4	2 (50.00)	2
North Dakota	1	1 (100.00)	—	Amer. Samoa	—	—	—
South Dakota	—	—	—	C.N.M.I.	—	—	—
S. Atlantic	20	7 (35.00)	13	Guam	—	—	—
Delaware	1	1 (100.00)	—	Puerto Rico	—	—	—
District of Columbia	N	—	—	U.S. Virgin Islands.	—	—	—
Florida	8	3 (37.50)	5				
Georgia	—	—	—				
Maryland	2	— (0.00)	2				
North Carolina	2	— (0.00)	2				
South Carolina	—	—	—				
Virginia	7	3 (42.86)	4				
West Virginia	—	—	—				

N: Not reportable U: Unavailable — : No reported cases C.N.M.I.: Commonwealth of Northern Mariana Islands.

† Imported cases include only those directly related to importation from other countries.

"TABLE 3. (Continued) Reported cases and incidence* of notifiable diseases,† by age group — United States, 2011"

Disease	<1 yr		1–4 yrs		5–14 yrs		15–24 yrs		25–39 yrs		40–64 yrs		>65 yrs		Age not stated	Total
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate		
Measles, total	30	(0.72)	54	(0.31)	26	(0.06)	33	(0.07)	39	(0.06)	25	(0.02)	3	(0.01)	10	220
indigenous	17	(0.41)	36	(0.21)	22	(0.05)	19	(0.04)	19	(0.03)	18	(0.02)	1	(0.00)	8	140
imported	13	(0.31)	18	(0.11)	4	(0.01)	14	(0.03)	20	(0.03)	7	(0.01)	2	(0.00)	2	80
Mumps	3	(0.07)	41	(0.24)	69	(0.17)	123	(0.28)	67	(0.11)	82	(0.08)	18	(0.04)	1	404
Rubella	—	(0.00)	—	(0.00)	—	(0.00)	1	(0.00)	2	(0.00)	—	(0.00)	—	(0.00)	1	4

* Per 100,000 population.

† No cases of diphtheria; eastern equine encephalitis virus disease, nonneuroinvasive; poliomyelitis, paralytic; poliovirus infection, nonparalytic; rubella, congenital syndrome; severe acute respiratory syndrome-associated coronavirus (SARS-CoV) disease; smallpox; vancomycin resistant staphylococcus aureus; western equine encephalitis virus disease, neuroinvasive and nonneuroinvasive; yellow fever; and viral hemorrhagic fevers were reported in the United States during 2011. Data on hepatitis B virus, perinatal infection, and chronic hepatitis B and hepatitis C virus infection (past or present) are not included because they are undergoing data quality review.