Facility **A**utomation **M**anagement Engineering **S**ystems (*FAME* Systems)
33A HOFFMAN AVENUE, LAKE HIAWATHA, NJ 07034-1922

Friday, 27 April 2012

Introduction

Following this page is this reviewer's assessment of "**Time to get tough on vaccine refusal**" by Rathi Asaithambi (rasaitha@jhsph.edu), winner of a 2011 John Hopkins Global Health Scholarship with a dual B.A. in Sociology and Religious Studies, who expects to be an MD in 2013, which was downloaded on 18 April 2012 from: http://articles.baltimoresun.com/2012-04-11/news/bs-ed-vaccines-20120411_1_vaccine-refusal-philosophical-exemptions-unvaccinated-children.

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This assessment, "**A Review of '**Time to get tough on vaccine refusal' **that has the subtitle, 'Failure to immunize endangers public health, so parents should rarely if ever be permitted to opt out**'", begins on the next page.

Introductory Remarks

First, to "simplify" this review, when portions of the article, *which are quoted in the original "***Arial***" font*, are: **a)** being evaluated and **b)** specifically addressed in this review, those portions are quoted in an *italicized "Times New Roman"* font.

Second, this reviewer's assessments are: **a)** written in a "Franklin Gothic Book" font, **b)** follow each quoted portion of the article, and **c)** indented on both margins to clearly separate the review remarks from the preceding portion of the document that is being addressed.

Third, when other sources are quoted, the text used is in an "Arial Narrow" font.

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

Respectfully,

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Paul G. King, PhD
Founder, *FAME* Systems
paulgkingphd@gmail.com
Tel. 1-973-997-1321, after 21:00 Eastern Time
[To whom all responses should be directed]

[a] To qualify, the study should be published by researchers who have no conflicts of interest from their ties to either those commercial entities who profit from the sale of vaccines or those entities, academic, commercial or governmental, who actively promote inoculation programs using vaccines.

A Review of "Time to get tough on vaccine refusal" that has the subtitle, "Failure to immunize endangers public health, so parents should rarely if ever be permitted to opt out"

This reviewer finds the author's title and subtitle are examples of the misuse of language to confuse rather than inform — a recognized attribute of Doublespeak[1] — an apparent, ever-growing trend in articles written by vaccine apologists.

This author's title begins with, "*Time to get tough on vaccine refusal*", which falsely implies that the current societal position on "*vaccine refusal*" is soft, when society's view of "*vaccine refusal*" is already more rigid and tougher than can be justified by any sound science of which this reviewer is aware.

Next, this author's subtitle claims, "*[f]ailure to immunize endangers public health*", with the apparent intent to imply that vaccines provide immunity when, increasingly, even vaccine researchers are admitting that, *instead of disease immunity*, all that the current vaccines provide is limited-duration and incomplete protection from those disease or diseases against which they are used to some percentage of those inoculated multiple times with each of these recommended vaccines.

Finally, expressing hostility toward both parents and the rights of the individual, the author's subtitle closes with "*so parents should rarely if ever be permitted to opt out*".

Keeping this author's distorted reference frame in mind, let us now evaluate this author's attitudes and statements.

"Throughout the United States, a potentially lethal war is erupting. It is a war that puts millions of innocent lives in danger and undermines the centuries-long sacred bond between physicians and patients. This is a war between pediatricians and patients and has developed largely because of the anti-vaccination movement. As a public health student at the Johns Hopkins University and a future pediatrician, I am alarmed by the catastrophic consequences this conflict could have on the health of American children."

Predictably, like the "war on drugs" and the "war on terror", the author's opening remarks attempt to cast vaccination issues into an "us" against "them" war and to invent a non-existent movement, the "*anti-vaccination movement*".

To justify this "*war*", the author first states that this mythical war "*puts millions of innocent lives in danger*" and "*undermines the centuries-long sacred bond between physicians and patients*" – claims for which this author provides <u>no</u> substantiation.

However, this author's next claim that this "*is a war between pediatricians and patients*" is obviously ridiculous on its face.

This is the case because the patients of pediatricians are, for the most part, minor children whose parents, by law, are responsible for making such decisions for their minor children – thus, if there were a "*war*" over vaccines, that war would have to be between "*pediatricians*" and parents – <u>not</u> the patients of pediatricians.

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1 Doublespeak is a term for the use of language to confuse or distort an issue rather than to provide information, which is derived from the terms used in George Orwell's classic novel "**1984**", where Doublethink and Newspeak ruled the society

Further, the "*bond between physicians and patients*" is neither sacred nor centuries long but rather, *if it exists at all*, is:

a. A bond based on earned trust that the Establishment has sought to inflate so that it could increase its profit from and control over the patients;
b. A bond of trust that has been acknowledged for less than a century; and
c. A bond of trust that the current, greed-driven, coercive, and exclusionary practices of physicians and their healthcare-practice followers has been steadily weakening for the past four-plus decades as physicians have increasingly become the de facto Establishment employees, whose activities are increasingly being regulated by ever more rigid standards of care that are not based on "care for the patient" but rather on profit maximization and customer-base enlargement.

As a scientist and researcher, this reviewer is more concerned about this author's inability to recognize that her illogical and inappropriate statements here are doing more to undermine the bond between pediatricians in general (and this self-proclaimed future pediatrician in specific) and parents than this author's myopic, apparently medical-school-indoctrination-based views articulated here.

First, under the watchful eye of pediatricians, a medical specialty that was practically non-existent when this reviewer was growing up in the 1950s and 1960s, the overall "*health of American children*" has been declining for more than half a century.

Highlighting that decline:

- About 97 % of children were healthy in the late 1960s;
- About 94% of children were healthy in the late 1970s;
- Less than 88 % of children were healthy in 1994[2] (with more than 12% forecast to have at least one chronic illness over their lifetime); and
- Less than 74 % of children were healthy in 2006[2] (with more than (>) 26% projected to have at least one chronic illness over their lifetime [and > 50% having had at least one chronic illness at some time during their childhood]).

Based on the preceding declines in the health of American children, it should be obvious that, *as a group*, pediatricians do not really care much about the overall health of their patients.

To put this reality in even starker terms, while continually propagandizing vaccine and carefully tracking and reporting on communicable disease issues, the physicians, and especially the pediatricians, have done little to nothing to ensure that the real incidence rates are tracked and published for the ever-growing number of childhood chronic medical conditions that were either non-existent, or very rare (<1 in

[2] http://www.medscape.com/viewarticle/717030, last visited in 23 April 2012 –
"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."

100,000), or rare (<1 in 10,000) when this reviewer was growing up in the 1950s and 1960s but are now at epidemic levels[3].

For example, in the mid-1970s, there were no cases of childhood type 2 diabetes and what is now called type 2 diabetes was then called "adult-onset diabetes" because it almost exclusively affected middle-age adults at that time.

Today, everyone knows that childhood type 2 diabetes not only exists but also is a growing epidemic among U.S. children even though there are no recognized statistics that reliably define the incidence of childhood type 2 diabetes using the standard age-
range groupings utilized for reportable diseases.

When it comes to chronic childhood illnesses, the Establishment attempts to keep us focused on "autism spectrum disorders" ("ASDs"), where the Establishment recently "admitted" that the rates are only crude isolated area surveillance estimates in the range of 1 in 210 to 1 in 47 and the true ascertainment-corrected incidence rates in U.S. vaccinated children could possibly be as high as about 4 to 5 % (1 in 25 to 1 in 20).

Moreover, childhood asthma, where the reported rates in America's vaccinated children[4] exceed 1 in 10 children (> 10 %) in some areas[5], is simply accepted.

How can pediatricians claim that they are concerned about the "*health of American children*" when, ***on their watch***, the health of U.S. children has declined to the point that less than 75 % of our vaccinated children are healthy?

Of course, the Establishment is now well on the way to solving the "autism" epidemic just as it solved the polio epidemic[6] – by attempting to redefine "autism" in the fifth major revision of the psychiatrists' "**Diagnostic and Statistical Manual of Mental Disorders**" (DSM-5) in a manner that, *if implemented*, will probably reduce the "autism" instances by more than 80% by reclassifying the bulk of the "autism spectrum disorder" (ASD) cases into other categories — an exercise similar to proverbially rearranging the deck chairs on the Titanic.

Though this redefinition will change "autism" incidence, it will not change the current medical reality that *less than* 75 % of today's American children are "healthy children".

If this reviewer were in medical school and wanted to improve the "*health of American children*", pediatrics would, *based on its abysmal track record*, not be a branch of medicine that this reviewer would choose to pursue.

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[3] Using the U.S. polio epidemic as the basis for a definition of "epidemic level", the threshold for an epidemic level for any adverse medical condition, a raw incidence rate of greater than (>) 1 in 6,000 or a true population level that is > 1 in 3,000 is an "epidemic" level.

[4] In breastfed children residing in the metropolitan Chicago area who have not been vaccinated, the anecdotally reported rate for childhood asthma was about 1 in 40,000 children (about 0.0025%). The health practice that reported this level also reported that it had received a letter from Blue Cross-Blue Shield asking why the asthma rates in its practice were so much lower than the then overall 1-in-10 childhood asthma rate in the Chicago area – but that is only anecdotal evidence.

[5] Akinbami LJ, Moorman JE, Garbe PL, Sondik EJ. Status of Childhood Asthma in the United States, 1980–2007. ***Pediatrics*** 2009; **123**(Sup 3): S131-S145 doi: 10.1542/peds.2008-2233C. See "**Figure 2**. Current asthma prevalence among children 0 to 17 years of age in the United States in 2003."

[6] In the 1950s, when the incidence of polio cases went up after the inactivated polio vaccines were introduced, the Establishment simply redefined "polio" into three categories, polio, Coxachie viruses, and aseptic meningitis, where fully 90% of the cases became aseptic meningitis cases. Of course, the level of polio cases dropped by 90% and the Establishment claimed that the polio vaccine was vanquishing polio – unsupported propaganda that is still used today.

Finally, given the general decline in our children's health on the pediatricians' watch and the most recent estimate that less than 74% of our children are medically healthy, it would seem that pediatricians are an integral part of the problem.

"More and more pediatricians are asking families to leave their practice as a result of vaccine refusal; a recently published study of Connecticut pediatricians reported that 30 percent of 133 doctors had asked a family to leave their practice when parents refused vaccines for their children. This is a drastic increase from 2006, when the American Academy of Pediatrics reported that 16 percent of pediatricians reported sometimes dismissing families for vaccine refusal. This is a worrisome trend because it can result in children missing out on lifesaving vaccines and receiving inconsistent health care during critical development periods."

First, this reviewer simply notes that comparing the results from some non-cited local survey of a few pediatricians in Connecticut to the results of some unreferenced survey results reported by the "*American Academy of Pediatrics*" is misleading because:

- **a.** The results being compared do not have the same basis;
- **b.** The parents' reasons for declining vaccination are not reported; and
- **c.** The pediatricians' real motives for refusing to provide services, including, for example, hidden financial incentives to meet vaccination percentage targets for the practice, are not disclosed.

Since this writer presents no evidence that the vaccines refused are "*lifesaving vaccines*" or that the parents do not go to other physicians to be certain that their children receive that health care that is truly needed during their children's development, this writer's unsubstantiated statement here should be ignored.

Factually, based on the survey studies[7] of the health of never-vaccinated, selectively vaccinated, and fully vaccinated children, the data seems to indicate that, if they are initially healthy, the never-vaccinated children of a given age and sex are significantly healthier than the fully vaccinated children of the same age and sex are.

"Innocent children are the ones who get caught in the crossfire. In 2010, a study published in Pediatrics by researchers from the University of Michigan showed that 12 percent of

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[7] **a.** http://journal.livingfood.us/2011/10/09/new-study-vaccinated-children-have-2-to-5-times-more-diseases-and-disorders-than-unvaccinated-children/, last visited on 24 April 2012.

b. Kristensen I, Aaby P, Jensen H. Routine vaccinations and child survival: follow up study in Guinea-Bissau, West Africa. ***BMJ*** 2000; **321**: 1435–1441. "The children of 15,000 mothers were observed from 1990 to 1996 for 5 years. Result: the death rate in vaccinated children against diphtheria, tetanus and whooping cough is twice as high as the unvaccinated children (10.5% versus 4.7%)" – from footnote "**7.a.**".

c. http://www.vaccineinjury.info/images/stories/ias1992study.pdf, last visited on 24 2012. "The study involved 254 children. … in which 133 children were vaccinated and 121 remained unvaccinated" [from footnote "**7.a.**"].

Medical Condition	Vaccinated Number (percent)	Unvaccinated Number (percent)	~ Percent Ratios Vacc./Unvacc.
Asthma	20 (15.0%)	4 (3.3%)	4.5
Eczema or allergic rashes	43 (32.3%)	16 (13.2%)	2.4
Chronic otitis	26 (19.5%)	8 (6.6%)	2.9
Recurrent tonsillitis	11 (8.3%)	3 (2.5%)	3.3
Shortness of breath & sudden infant death syndrome	9 (6.8%)	2 (1.7%)	4.0
Hyperactivity	10 (7.5%)	1 (0.8%)	9.3

parents in the United States have refused at least one recommended vaccine for their children, using the philosophical exemption to circumvent childhood vaccine mandates. As a result, these children are at a considerably higher risk for vaccine-preventable illnesses. For example, children whose parents refuse the pertussis vaccine are 23 times more likely to get whooping cough than children who have been vaccinated. Furthermore, unvaccinated children who become ill can infect other children who are too young for vaccines or are ineligible to receive vaccines due to immunocompromising conditions such as cancer or HIV."

Again, this author begins with "*[i]nnocent children*" and "*caught in the crossfire*" continuing to use the inappropriate rhetoric of war in an attempt to sway the reader.

Next, this reviewer cites an unreferenced study "*published in* Pediatrics".

Misleadingly, this writer focuses on the percentage of parents ("*12 percent*") who, *as the laws in their state permit*, purportedly have elected to use a philosophical exemption to decline "*at least one recommended vaccination for their children*".

Since the vaccinations declined are reportedly only "*recommended*" and not mandated, this writer's "*using the philosophical exemption to circumvent childhood vaccine mandates*" phrasing is misleading at best.

Further, the writer's second statement here,

> "*As a result, these children are at a considerably higher risk for vaccine-preventable illnesses*",

is not supported by any scientifically sound and appropriate large-scale study of which this researcher is aware.

This reviewer recognizes the writer's next statement,

> "*For example, children whose parents refuse the pertussis vaccine are 23 times more likely to get whooping cough than children who have been vaccinated*",

as coming from a small medical-records case-control study done in Colorado and published in *Pediatrics* in 2009[8], where, the results obtained were probably not scientifically sound for several reasons (e.g., miscoding, small case number, and unusual definitions for the terms "vaccine refusers" and "vaccine acceptors").

Furthermore, in a recent study of those children actually contracting pertussis in a large-scale pertussis outbreak (with more than 10,000 cases) in California, 81% of the cases occurred in fully vaccinated children who, if the vaccine worked as advertised, should have been mostly protected, 11% of those cases occurred in partially vaccinated, mostly young children who should have had some protection, and only 8% of the cases occurred in those who were too young to have been vaccinated or otherwise had never been vaccinated[9].

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8 Glanz JM, McClure DL, Magid DJ, Daley MF, France EK, Salmon DA, Hambridge SJ. Parental Refusal of Pertussis Vaccination Is Associated With an Increased Risk of Pertussis Infection in Children. ***Pediatrics*** 2009 June; **123**(6): 1446-1451.

9 http://www.digitaljournal.com/article/323187#ixzz1sVwVz9Rz, "Study: Whooping cough outbreak linked to vaccinated children", last visited on 19 April 2012: "After examining the records of juvenile whooping cough patients over an 8-month period, the doctors discovered that 81 percent of patients had received the full series of whooping cough shots, and 11 percent had received only some of the shots. The remaining 8 percent had not received any immunizations for whooping cough".

Moreover, the data from a recent study clearly indicated that the pertussis component of the DTaP vaccines used was not effective in providing long-term protection from contracting pertussis[10].

Apparently, this medical student can find time to bring up a small study in sparsely populated Colorado but does not have the time to keep up with the current pertussis-vaccine realities based on the more recent large-scale outbreak in highly populated California.

Finally, as this reviewer has repeatedly demonstrated, the pertussis component in the pertussis vaccines is neither effective nor cost-effective in preventing outbreaks of "whooping cough", as the disease is commonly named, in the population for several reasons[11].

Turning to this writer's unsubstantiated closing statement here,

> "*Furthermore, unvaccinated children who become ill can infect other children who are too young for vaccines or are ineligible to receive vaccines due to immuno-compromising conditions such as cancer or HIV*",

this reviewer simply notes that, *when the vaccines used are live-virus vaccines* (e.g., the measles-mumps-rubella vaccines, the varicella vaccines, the live-virus influenza vaccines, and the rotavirus vaccines, to name a few), all unvaccinated children and their parents are at a greater overall risk to being infected, through secondary and tertiary exposure, by those who have been vaccinated than by unvaccinated children who become ill from being infected by the wild disease.

Further, in the case of "whooping cough", it has been documented that some of those who are vaccinated with either DTwP or DTaP vaccines become silent carriers of the disease organism, *Bordetella pertussis*.

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10 http://www.reuters.com/article/2012/04/03/us-whoopingcough-idUSBRE8320TM20120403, "Whooping cough vaccine fades in pre-teens: study", last visited on 19 April 2012: "During a whooping cough outbreak in California in 2010, immunized children between eight and 12 years old were more likely to catch the bacterial disease than kids of other ages, suggesting that the childhood vaccine wears off as kids get older, according to new research."

11 **Re: *B. pertussis* infection:**

a. Field LH, Parker CD. Pertussis Outbreak in Austin and Travis County, Texas, 1975. ***J Clin Microbiol***, 1977 Aug; **6**(2): 154-160.
b. Hochwald O, Bamberger E, Srugo I. The Return of Pertussis: Who Is Responsible? What Can Be Done? IMAJ 2006; 8: 301-307.
c. Zhang, L; Prietsch, SO, Axelsson, I, Halperin, SA (2011-01-19). "Acellular vaccines for preventing whooping cough in children." ***Cochrane database of systematic reviews*** (Online) (1): CD001478. doi:10.1002/14651858.CD001478.pub4
d. http://bioweb.uwlax.edu/bio203/s2007/wolf_bri2/, last updated 24 April 2007 by its author; last visited 24 April 2012.

Re: B. parapertussis infection:

a. Mastrantonio P, Stefanelli P, Giuliano M, Herrera Rojas Y, Ciofi degli Atti M, Anemona A, Tozzi AE. Bordetella parapertussis Infection in Children: Epidemiology, Clinical Symptoms, and Molecular Characteristics of Isolates. ***J Clin Microbiol.*** 1998 April; **36**(4): 999–1002.
b. http://www.cidd.psu.edu/research/synopses/acellular-vaccine-enhancement-b.-parapertussis, "Acellular pertussis vaccination enhances B. parapertussis colonization", which states, with emphasis added, "Their data showed no within-host competition between B. pertussis and B. parapertussis, as well as a strong acellular vaccine-induced protection against infection with B. pertussis in both singly and co-infected mice. In contrast, vaccination led to a 40-fold enhancement of B. parapertussis colonization in the lungs of mice. Though the mechanism behind this increased colonization was not specifically elucidated, it is speculated to involve specific immune responses skewed or dampened by the acellular vaccine, including cytokine and antibody production during infection. Despite this vaccine being hugely effective against B. pertussis, which was once the primary childhood killer, these data suggest that the vaccine may be contributing to the observed rise in whooping cough incidence over the last decade by promoting B. parapertussis infection." Last visited 24 April 2014. Source: Long GH, Karanikas AT, Harvill ET, Read AF, & Hudson PJ. Acellular pertussis vaccination facilitates Bordetella parapertussis infection in a rodent model of bordetellosis. ***Proceedings of the Royal Society Biological Sciences*** (2010): doi: 10.1098/rspb.2010.0010.

Like "Typhoid Mary", these "Pertussis Harry" carriers, can and do spread *B. pertussis* for extended periods of time to whomever they have contact – including to those who are immunocompromised [see: footnote "**10.a.**"].

In addition, for the live-virus vaccines, this reviewer see no warning to parents who vaccinate their children with live-virus vaccines to quarantine their vaccinated children from all other children and themselves for not less than three weeks to ensure that the vaccinated child does not infect any unvaccinated child or parent.

Worse, when the highly infectious and highly contagious live-virus polio vaccines were being used and the now that equally infectious and highly contagious live-virus rotavirus vaccines are being used in the USA, public health officials have knowingly downplayed the risks of secondary and tertiary infection to ensure that even those who are not vaccinated are inoculated with and, in some cases, contract clinical cases of, these diseases by the viruses shed by the primary inoculees.

Thus, this writer's feigned concern for protecting immune-compromised individuals is belied by the failure of pediatricians to: **a)** warn the parents of the transmissibility of the live viruses in the live-virus vaccines with which their children are inoculated to others with whom the inoculees have close contact or, in the case of the rotavirus vaccines, even indirect contact with the bodily emissions and clothing soiled by the inoculees for weeks after these live-virus vaccines are given or **b)** even suggest that the recently inoculated child should be kept at home and quarantined from other family members, public or private daycare or school where applicable, and general society for several weeks after the child is inoculated with a given live-virus vaccine.

Finally, there is no evidence that the overall incidence of "*vaccine–preventable*" diseases are significantly higher in the children in those twenty states that have a philosophical exemption than in those thirty states plus the District of Columbia, which do not.

"It is time for the United States to mandate a strict nationwide vaccine policy, with stringent guidelines to obtain religious exemptions and no room for philosophical exemptions. The recommended vaccination schedule issued annually by the Centers for Disease Control and Prevention is no longer sufficient. Although parental autonomy should be respected in many situations, vaccine-preventable illnesses are a public health issue, and parents do not have the right to gamble with their children's lives. Furthermore, they do not have the right to gamble with the lives of other children who may be infected by a child whose parents chose not to vaccinate."

First, this reviewer notes that the reason that there is no "*nationwide vaccine policy*" is that the power to protect "public health" is reserved to the states by the Constitution of the United States of America.

Further, the First Amendment of the Constitution of the United States of America grants all Americans the freedom to worship as they please and the U.S. Supreme Court has repeatedly upheld the right of individuals to have any religious beliefs that they choose to have without that person's having to: **a)** disclose them or **b)** be a member of some religious group that explicitly espouses a given religious belief.

Hence, *in words that this writer and the readers may more easily understand*, no religious "litmus test" can legally be imposed on any resident of the USA.

In addition, the constitutions of many states recognize, and the courts have repeatedly ruled, that deeply held personal beliefs must be afforded protection equal to that afforded to religious beliefs.

Thus, banning philosophical exemptions is contrary the constitutions of several states and, ultimately, contrary to the Constitution of the United States of America under the Fourteenth Amendment's "nor deny to any person within its jurisdiction the equal protection of the laws".

With respect to this writer's inflammatory statement,

> "*Although parental autonomy should be respected in many situations, vaccine-preventable illnesses are a public health issue, and parents do not have the right to gamble with their children's lives.*"

this writer begins by demeaning parenteral authority.

Further, this writer mistakenly claims, "*vaccine-preventable illnesses are a public health issue*", when the reality is that vaccines do not prevent illness.

At best, the current vaccines simply postpone the risk of illness for some time in some percentage of those inoculated with the recommended prophylactic vaccines.

Moreover, when the vaccine is a live-virus vaccine, *in most instances*, use of the vaccine (vaccination) induces some abnormal "disease-reaction" state in the person inoculated with such vaccines.

In addition, because all of the current vaccines are *incapable* of preventing the diseases for which they are given in all of those inoculated with them, said illnesses are simply illnesses for which the appropriate vaccine may provide limited-duration protection for some period[12] in some percentage of those inoculated with them[13].

In plain English, absent disease exposure, prophylactic vaccines provide no benefit.

Thus, *at best*, a vaccine only theoretically provides some possible, but not certain, future benefit to some percentage of those inoculated with them.

Furthermore, for those highly infectious, communicable diseases for which there
are FDA-approved vaccines, these vaccines require multiple inoculations to provide limited-duration protection that does not last indefinitely as the use of the term "immunization" implies.

Moreover, all vaccine inoculations cause serious reactions in some percentage of those inoculated with them including, "rarely", permanent disability and, "very rarely" death.

Worse, from the available experience data, the theoretical benefits from vaccination seem to be inflated, while the incidence data for the serious, but rarer, post-vaccination risks are not intensively studied and, in any case, are minimized or

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12 In general, the duration of protection ranges from less than a year for influenza vaccines to: not more than 3-5 years for childhood pertussis and childhood hepatitis B vaccines to: not more than about 10 years for the live-virus mumps vaccines to: apparently not more than about 25 years for the injected live-virus measles vaccine.

13 Practically, the percentage protected by a vaccination may range from near zero ("0") for mismatched influenza vaccines to probably slightly less than 95% of those vaccinated with a live measles vaccine component.

suppressed by the public health officials and others in the Establishment in order to promote the current recommended inoculation programs.

For example, in the most recent first-responders' "cowpox" (vaccina virus) inoculation program for smallpox (variola virus), the CDC literature claimed that the risk of inoculation with the vaccine virus would cause any inoculated person to die was "1 in a million".

After about 30,000 first responders had been inoculated and 3 had died, the program was halted because the remaining unvaccinated first responders simply refused to be inoculated.

Even they recognized that the real risk of dying after being inoculated was closer 1 in 10,000 — a risk about 100 times higher than the "1 in a million" risk that CDC had claimed.

No matter what may happen in the future, the reality is that, in a situation with no immediate threat or risk of disease, those first responders, who died after their vaccina inoculation, and their families and friends received no "vaccine" benefit.

Increasingly, the American people, especially the parents, are becoming aware of several, Establishment-suppressed, vaccine-administration realities including:

a. The short-term risks, including permanent harm and death, are real and their purported incidence data are often minimized by at least a factor of 10 to 100 times the actual risk level;
b. The long-term risks are not even studied before a vaccine is approved by the FDA and recommended by the CDC;
c. The implicitly promised "immunity" (lifetime freedom from the disease) has been replaced by revelations of much-shorter-duration protections, which, in some cases, simply postpone the risks of contracting a disease until the disease is much more serious (e.g., mumps);
d. The overall short-term and long-term adverse health outcomes of those initially healthy children receiving all of the recommended vaccinations according to the CDC-recommended schedule are not compared to the overall short-term and long-term adverse health outcomes in a matched never-vaccinated population of initially healthy children; and
e. The information about the long-term benefits of contracting certain childhood diseases are suppressed (e.g., the benefit of a reduced lifetime risk for gliomas[14] and a reduced risk for certain atopic diseases/disorders[15] in those who have had "wild"/"natural" chickenpox).

Thus, in a society where more than 50% of its vaccinated children are reported to have at least one chronic illness at some time during their childhood, for informed parents, it is becoming increasingly obvious that blindly following the CDC's recom-

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[14] a. Canniff J, Donson AM, Foreman NK, Weinberg A. Cytotoxicity of glioblastoma cells mediated ex vivo by varicella-zoster virus-specific T cells. *J Neurovirol* 2011 Oct; **17**(5): 448-54.
b. 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 Herpesviruses among Adults with Glioma and Controls. *Am J Epidemiol* 2005; **161**(10): 929-38.

[15] 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 Feb; **23**(1): 50-8.xxx

mended vaccination schedule is a risk that is not worth taking for either their children or themselves.

Therefore, these informed parents are either adopting some alternative or selective vaccination schedule or opting not to vaccinate their children at all.

Based on the current outcomes-based evidence, it is clear to the informed parents that those parents and guardians who blindly follow the CDC's recommended vaccination schedule are the ones who are truly "*gambling with their children's lives*".

Finally, this writer's last statement,

> "*Furthermore, they do not have the right to gamble with the lives of other children who may be infected by a child whose parents chose not to vaccinate*",

ignores the reality that the pediatricians are gambling with the lives of not only "*other children*" but also the child who they are inoculating — with no fear of any legal consequence because they are protected from being sued for the harm that their actions may cause by the same National Vaccine Injury Compensation Program (NVICP) that protects the vaccines' manufacturers.

Thus, the writer, who plans to be a pediatrician, *a physician who bears no financial responsibility for the outcomes of his or her inoculation actions*, has no problem with a pediatrician's gambling with the lives of the children they inoculate with vaccines and, *for the live-virus vaccines*, other children, including those immuno-compromised children who may be infected by the live viruses shed by the very children whom the pediatrician has recently inoculated.

Yet, this writer claims that the parents, who bear the responsibility for their children and the burden of the harm, if any, that their child may suffer, have no rights to make vaccine inoculation decisions – such arrogance.

Apparently, this writer, who obviously has a proverbial "beam" in her own eye that blinds her to the risks inherent in her own actions, feels compelled to tell the parents that they must permit her to remove the perceived "mote" (tiny speck) from the eyes of the parents.

"A unified national policy with narrow exemptions would help rectify the growing schism between pediatricians and families. With a standard national policy in place, there will be fewer opportunities for parents and physicians to clash over individual vaccination opinions, especially in the 19 states where philosophical exemptions for school-mandated vaccines are permitted (Maryland is not one of them). New national guidelines can also offer incentives, such as federal tax rebates, to families that vaccinate their children on time."

Without citing any substantiating study and apparently oblivious of the realities concerning human behavior, this writer now opines that,

> "*A unified national policy with narrow exemptions would help rectify the growing schism between pediatricians and families*"

when, in a supposedly "free" society with the right of each person to make his or her own medical decisions, the effect of increased coercion will be increased resentment and resistance to any such policy.

If vaccines are truly the beneficial lifesavers they are claimed to be and the theoretical benefits of each vaccine truly outweigh its actually reported risks, then

there should be no need for any coercive national, state or local policy whatsoever and certainly no need for an increasingly coercive and constitutionally illegal national policy.

In addition, this reviewer finds that this writer does not comprehend just how close the Establishment's current policies are to provoking a mass revolt by the parents and all of their family members and friends, which, in those states with initiative and referendum provisions in their state's constitutions, may cause all of those states' current mandates to be replaced by a simple opt-in program where, for example:

a. No vaccination program will be allowed to be a requirement for attending any school or holding any job,
b. The state will purchase and offer those vaccines that have been proven to be reasonably safe, in-use effective, and lifetime medically cost-effective for free to all residents who want them,
c. The costs of all other vaccines that are reasonably safe and in-use effective will be paid for by the persons, who want them for themselves or their minor children or wards,
d. No vaccine may be offered to any minor child or ward without prior express written consent of the custodial parent(s) or guardian(s) and any person who violates this provision shall be subject to criminal prosecution, and
e. Vaccines that are not reasonably safe and/or not in-use effective will not be allowed to be offered for sale.

In states where legislation must be passed to change the state's vaccination programs, the parents and their families and extended families will simply tell their legislators that they have a simple choice either pass an opt-in program similar to the one outlined above or be replaced in the next election and then follow through by preemptively replacing those legislators who have previously supported more coercive vaccination programs or blocked philosophical or, in Mississippi and West Virginia, philosophical and religious exemptions.

Finally, when the science and the observed outcomes are clearly crying out for a more flexible vaccination schedule probably with no vaccines being administered before a child is one year of age or ceases being breastfed, whichever occurs later, this reviewer would remind this writer of the cogent May 12, 2008 statements made by the late Dr. Bernadine Healy, former Director of the National Institutes of Health (NIH), in CBS Evening News interview with Sheryl Attkisson (with emphasis added),

> "A susceptible group does not mean that vaccines are not good. What a susceptible group will tell us is that maybe there is a group of individuals, or a group of children, that shouldn't have a particular vaccine or shouldn't have vaccine on the same schedule. I do not believe that if we identified a susceptibility group, if we identified a particular risk factor for vaccines, or if we found out that maybe they should be spread out a little longer, I do not believe the public would lose faith in vaccines
> ...
> I think the government, or certain health officials in the government, are - have been too quick to dismiss the concerns of these families without studying the population that got sick. I haven't seen major studies that focus on - three hundred kids, who got autistic symptoms within a period of a few weeks of a vaccine. I think that the public health officials have been too quick to

> dismiss the hypothesis as irrational, without sufficient studies of causation. I think that they often have been too quick to dismiss studies in the animal laboratory, either in mice, in primates, that do show some concerns with regard to certain vaccines and also to the mercury preservative in vaccines. The government has said, in a report by the Institute of Medicine—and by the way, I'm a member of the Institute of Medicine. I love the Institute of Medicine—but a report in 2004 - it basically said, 'Do not pursue susceptibility groups. Don't look for those patients, those children, who may be vulnerable4. I really take issue with that conclusion. The reason why they didn't want to look for those susceptibility groups was because they're afraid if they found them—however big or small they were—that that would scare the public away. First of all, I think the public's smarter than that; the public values vaccines. But, more importantly, I don't think you should ever turn your back on any scientific hypothesis because you're afraid of what it might show!"[16].

Thus, this writer's proposal diametrically opposes the rational, science-based approach that Dr. Healy advocated must be taken.

Finally, this reviewer understands, *if this writer does not*, that pediatricians are only fooling themselves when they pretend that all is well in the American vaccination land where less than 50% of vaccinated American children are "healthy" for some significant periods during their childhood (i.e., have no chronic medical condition that requires extended treatment at any time during their childhood) and more than 26% of America's vaccinated children will probably have at least one lifetime chronic disease.[17]

"Another benefit of a national policy would be improved coverage between states. Vaccine-preventable diseases are not contained within state borders, and our vaccine policies should not be either. With the status quo, lax immunization policies in one state can lead to outbreaks in neighboring states. In addition, the national policy would increase equity for children who live in different states. Currently, less than 0.1 percent of kindergartners are exempt from vaccines in Mississippi, a state that does not permit religious or philosophical exemptions. In contrast, 6.2 percent of children are exempt from vaccines in Washington state, a state where both religious and philosophical exemptions are allowed. Geographic location should not influence access to lifesaving vaccines."

Since:

- The evidence clearly shows that there is not a pandemic level of any so-called "vaccine-preventable" disease in the United States of America,
- There is no correlation between the percentage level of exemptions from vaccination in the states and the overall incidence of the so-called "*vaccine-preventable*" diseases, and
- Most adults over 36 who have only been vaccinated as children and have not actually contracted a clinical case of the "vaccine-preventable" disease

[16] http://www.healing-arts.org/children/mercury_in_vaccines_autism_research/drbernadinehealynihvaccinate.htm, which was last visited on 19 April 2012.

[17] By contrast, both survey and anecdotal reports on initially healthy, never-vaccinated children indicate that more than 90% of the initially healthy, never-vaccinated children are healthy throughout their childhood and, absent subsequent vaccinations or debilitating lifestyle choices, few of these children will develop any chronic lifetime disease.

as adults have no effective level of vaccine-provided disease-specific antibodies,

it is clear that current public-health disease-outbreak isolation and quarantine policies coupled with a limited influx of travelers from countries where the childhood diseases that are of concern are endemic, *not vaccination*, are what is protecting America from

experiencing "*vaccine-preventable*"-disease outbreaks across the country.

Further, when the health of Mississippi's children was compared to the health of Washington State's children, Washington State's children appeared to be significantly healthier as a group than Mississippi State's children in several of those measures used to assess the health of the state's children:

a. Percentage of low-birth-weight babies,

b. Infant mortality rate [deaths per 1,000 live births],

c. Child death rate [deaths per 100,000 children ages 1–14] and

d. Teen death rate [deaths per 100,000 teens ages 15–19],

from a 2010 compilation[18] assessing the overall health of children in the USA as shown below:

Indicators of Childhood Health[1] (in 2007)	Washington State Level (Rank)	Mississippi State Level (Rank)	West Virginia State Level (Rank)
Percent low-birth-weight babies	6.3 % (12th)	12.3 % (50th)	9.5 % (46th)
Infant mortality rate (per 1,000)	4.8 (1st)	10.0 (50th)	7.5 (31st)
Child death rate (per 100,000)	15 (15th)	34 (50th)	24 (42nd)
Teen death rate (per 100,000)	51 (11th)	98 (49th)	70 (31st)
Average Rank	**9.75**	**49.75**	**37.50**
[1] To be fair, this reviewer has even included the data for West Virginia, the other state that currently only has a medical exemption.			

Though there are other factors than vaccination status that affect the overall health of children, this reviewer notes that Washington State does not rank at the top in the cited reference's other measures of childhood well-being and, though Mississippi ranks below the median in several of these factors, Washington State actually ranks at the same level in one measure (the percent of teens 16-19 who are not in school or who have not graduated high school; 7 %) and Washington State and Mississippi have similar factor levels in another measure (teens 16-19 who are not in school and not working [8 % and 9 % respectively]) of the overall health of the children in each state.

For completeness, the infant mortality and childhood mortality rankings for the 20 States that provide some form of philosophical exemption to vaccination for children are as follows:

2010 Kids Data Book: Overall 2008 Infant & Childhood Mortality Rankings for Children In States with a Philosophical Exemption from Vaccination			
State	**Mortality Ranking Infant, Childhood**	**State**	**Mortality Ranking Infant, Childhood**
Arizona	25, 27	New Mexico	13, 42

[18] http://datacenter.kidscount.org/Databook/2010/OnlineBooks/2010Databook.pdf/, last visited on 19 April 2012.

Arkansas	37, 46	North Dakota	31, 27
California	**5**, 11	Ohio	37, 15
Colorado	12, 11	Oklahoma	45, 47
Idaho	25, 36	Oregon	11, 14
Louisiana	48, 47	Pennsylvania	35, 15
Maine	13, 11	Texas	13, 27
Michigan	40, 15	**Utah**	**3**, 24
Minnesota	**8**, 6	**Washington**	**1**, 6
New Hampshire	**7**, 6	Wisconsin	19, 19
Overall Averages	21.5, 22.6	[1] Highlighted states ranked in the top ten (10) for the lowest infant mortalities	

Based on the preceding data, it is clear that States that have a philosophical exemption rank slightly higher on average for lower infant and childhood mortality than the national norm ("25.5") and the states (Mississippi and West Virginia), which have no religious or philosophical exemptions, rank, on average, significant lower ("40.5" and "46.0") than the national norm.

Even with this inclusion, it is clear that, though the states with the highest percentage of 'overall healthy' children are New Hampshire and Minnesota according to the reference in footnote "**18**", it appears that, *if anything*, the children in Washington State, where this writer states that "*6.2 percent of children* [implicitly kindergarteners] *are exempt from vaccines*", are healthier than the children in Mississippi, where this writer states that "*less than 0.1 percent of kindergartners are exempt from vaccines in Mississippi*".

Interestingly, Washington State also had the lowest infant mortality rate – possibly indicating that reduced early childhood vaccination in the first year of life may have increased Washington State's infant survival rate.

Moreover, the states with the top ranking, New Hampshire and Minnesota, both had philosophical exemptions during the periods where the children's health was assessed.

Realizing that there are other factors that affect children's health than these data values describe, all that is certain is that the 'overall health' of children in states with a philosophical exemption: **a)** has apparently not been adversely affected, on average, by their parents' having this exemption and **b)** may, on average, have been improved.

"Although states may initially object to the policy, past precedents have proved that tying financial incentives to state policies can be quite persuasive. The threat of withholding federal highway funding prompted all 50 states to adjust their legal drinking age, and the threat of withholding federal funds for health care would likely have the same effect on vaccination policy."

Here, this reviewer simply hopes that, like "Obamacare", the states will recognize any such action as another unconstitutional attempt to usurp their sovereign duty to protect the health of their residents and take appropriate action to thwart any such attempt.

In addition, this reviewer notes that any such action may be the proverbial "straw that will break the camel's back" and cause the American people to rise up

and forcefully assert their constitutional and international rights: **a)** to be given not just Establishment propaganda but all information needed for them to give truly informed consent for any vaccination and **b)** to refuse any experimental treatment, which most all vaccine inoculations given today are because of the lack of: **i)** scientifically sound and appropriate safety studies (including a comparative safety study against a true placebo [isotonic, pH-balanced sterile saline] using not less than 10,000 individuals in each study arm, vaccine and placebo, that have living conditions comparable to the average American's, where the health of all the recipients is tracked for not less than 10 years, **ii)** scientifically sound and appropriate in-use effectiveness studies that, *in volunteers or validated animal models that mimic human outcomes*, not only show persistent antibody levels but also, using disease exposure challenge at appropriate intervals in some fraction of those who have been inoculated with a given vaccine, provide proof of protection from contracting the disease(s) for which protection is claimed, and **iii)** the lack of scientifically sound and appropriate studies of the effects on safety and effectiveness when the vaccine is given with all of the other vaccines with which it may be concomitantly administered.

Of course, Rathi Asaithambi and other vaccine apologists can continue to ignore and/or deny the chronic disease realities for which the current vaccination programs or some component or components thereof clearly appear to be causal factors,

However, if they do, then their defensive actions will be continue to increase the signal to the American public that the ongoing use of prophylactic (preventive) vaccination without scientifically sound and appropriate proofs of safety, in-use effectiveness and medical cost-effectiveness must be abandoned.

Based on the preceding realities, this reviewer would recommend that rather than risk a total loss of the public's confidence in vaccination, those who think that certain CDC-recommended vaccination programs are safe, in-use effective and medically cost-effective immediately identify and, *as appropriate*, recall and ban or abandon:

1. Any and all of the FDA-approved vaccine formulations that contain a preservative level of Thimerosal (e.g., the Thimerosal-preserved inactivated-influenza vaccines manufactured by Sanofi, Novartis, GSK and CSL as well as Sanofi's multi-dose Menomune® vaccines) and phase out all vaccines marketed in the USA that contain a lower level of Thimerosal or any other preservative, since all such are, to varying degrees, toxic to the recipient.
2. Any vaccine that contains a polymeric hydrated aluminum salt at a level significantly higher than the lowest level in any competing vaccine formulation that has been licensed by the U.S. FDA and
3. Those preventive (prophylactic) vaccination programs that are <u>not</u> in-use effective in preventing those inoculated from contracting the disease or diseases for which the vaccine is supposed to be protective (e.g.,) as well as

immediately stop those mass vaccination programs that are clearly <u>not</u> medically cost-effective.

In addition, any vaccine formulation that does not fully disclose the composition of the vaccine dose in its package insert in a manner that complies with the intent of the FDA's labeling composition disclosure regulations for parenteral drugs (e.g., Novartis' MenVeo) should be recalled and banned from the U.S. market until its package insert is modified to fully disclose: all of the components and, for components (other than those used to adjust pH or ionic strength), the nominal level of each component in each dose or, for low-level components with maximal levels at levels less than 0.01 %, include the maximum permissible levels of any such as well as the maximum permissible levels of any adventitious substances that may occur in the formulation.

Finally, given the growing body of evidence that injected vaccines do not provide any effective long-term protection if they are administered before the child is one year of age but do significantly increase the risk of serious side effects, the U.S. vaccination program should be changed to not start any vaccination program until the child is one year of age or, if breastfed for a longer period, until after the child is weaned.

To fill in any temporary gaps created by this program change, attention should be redirected toward assessing and supporting the young child's optimal vitamin, mineral, and nutrient levels by appropriately supplementing the child's mother before, during and after pregnancy so that:

- ❖ She maintains optimal levels as long as she is breastfeeding or,
- ❖ If breast feeding is discontinued before the child reaches one year of age, appropriately supplementing the child's surrogate-mother ("wet nurse") and/or the child or,
- ❖ If a surrogate wet nurse is not available, the child is fed certified organic raw goat's milk with appropriate supplements for the child or,
- ❖ If no certified organic raw goats' milk is available, the child is fed a high-quality formula made using certified organic raw cows' milk or minimally pasteurized cows' milk, and, in addition to the necessary vitamin and mineral supplements, supplementation with the proper digestive enzymes, the appropriate beneficial bacteria and the key fats – all from non-GMO sources

until:

- **a.** The child is at least one year of age and
- **b.** The appropriate immune-system evaluation tests prove that the child's immune systems have properly developed and can tolerate the potential adverse effects of vaccination.

Finally, rather than attempting to replace nature's design for the development of human babies with artificial substitutes, pediatrician should change their approach to one that works with nature and, *instead of subtly and/or overtly opposing long-term breast feeding*, strongly encourages the mothers of children in their practices to nurse their child for as long as they possibly can – that is if they truly care about the long-term health of the children in their practice.

About Rathi Asaithambi, the Author of the Article Being Reviewed

"Rathi Asaithambi is a student at the Johns Hopkins Bloomberg School of Public Health. Readers can send her email at rasaitha@jhsph.edu"[19]

"**Rathi Asaithambi**,

Master of Public Health candidate

Curriculum Vitae

- B.A. in Sociology, May 2007, Rice University
- B.A. in Religious Studies, May 2007, Rice University
- M.D., expected May 2013, Baylor College of Medicine

Home Country: United States

Focus at Hopkins: Global Health, Care of Underserved Populations, Child Health

Career Goals: My goal is to become a pediatrician and provide care for underserved children in the United States and abroad. I hope to work as a global health care advocate and provider to help develop and implement sustainable public health programs both domestically and abroad, while pursuing research interests of social disparities as fundamental causes of disease. Ultimately, in an effort to ensure the long-term efficacy of the changes that I wish to make, I would like to take on the role of a clinical educator to motivate and train the next generation of physicians and health care workers around the world.

What sparked your interest in public health? My interest in public health was sparked as an undergraduate a Rice University. As a sociology major and premedical student, I quickly discovered that the concepts of medicine and public health are inextricably intertwined, and that the role of a physician extends far beyond the bedside. My interest in global health was sparked by service trips to Mexico and Ghana, where we implemented a multifaceted approach to healthcare, combining public health initiatives and individual medical care.

Who inspires you and why? I am most inspired by my father, who despite facing innumerable hardships, continues to view the world with eternal optimism. He has also taught me the importance of compassion, humility, integrity, and always having a sense of humor, even in the bleakest of circumstances.

How do you see yourself making a difference in public health because of the Global Health Scholarship? The Global Health Scholarship has allowed me to pursue an MPH at Bloomberg School of Public Health, which will provide me with training in fundamental areas such as health policy, epidemiology, behavioral and social health, and statistics. I hope to use these skills in conjunction with my knowledge of medicine to provide a comprehensive approach to health care for underserved children on an individual and global level."[20]

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19 http://www.pressofatlanticcity.com/opinion/commentary/rathi-asaithambi-u-s-needs-national-policy-on-vaccines/article_dd13f9e9-29b3-5adf-97e1-7ffb7d90b7a0.html, last visited on 24 April 2012.

20 http://www.hopkinsglobalhealth.org/scholars/recipients/2011/Rathi_Asaithambi/index.html

About the Reviewer

In addition to the general information available on his web site, http://www.dr-king.com/, Paul G. King is the Science Advisor and the current Secretary for the Coalition for Mercury-Free Drugs (CoMeD, Inc., a 501(3)(c) corporation), http://www.mercury-freedrugs.org/.

As a scientist and student of the federal regulations and statutes that govern drugs, including vaccines, Dr. King has led CoMeD, on two (2) 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 and the Commissioner of the FDA to comply with the statutes and regulations regulating their lawful conduct. The second civil suit, 1:2009-cv-00015, is still being litigated at the present time.

Additionally, 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 regulations that are not in the public interest or appear to be at odds with the law, reviewed numerous documents, and written several articles on a variety of vaccine-related and other issues – including a formal request for correction of false and misleading statements by the FDA in a previous posted document under the applicable Data /Information Quality regulations.

Finally, Dr. King has: **a)** provided various groups with his analysis of various other Congressional bills, resolutions and treaty documents, and **b)** been an author of several papers bearing on issues related to the toxicity of Thimerosal and other compounds and, if any, their connection to various chronic neurodevelopmental, other developmental and behavioral abnormalities that appear to be well-above (≥ 1 in 10 children; asthma), above (> 1 in 100 children; the autism spectrum disorders), at (~ 1 in 1000 children; childhood type 1 diabetes), or approaching (life-threatening peanut allergy) epidemic levels in children in the USA.