

Facility Automation Management Engineering Systems (*FAME Systems*)

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Saturday, 8 March 2014 Rev. 1: Footnote ref. correction on 30 Aug 2014

On 9 February 2014, Paul G. King, PhD, downloaded an on-line February 7, 2014 article by "ARTHUR CAPLAN", titled, "Opinion: Mandating Flu Shots Is the Moral Choice", from <http://www.nbcnews.com/health/health-news/opinion-mandating-flu-shots-moral-choice-n24521>.

Dr. King's response to that article follows these introductory remarks and a "table of contents" page.

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This analytical response is titled, "**Response to 'Opinion: Mandating Flu Shots Is the Moral Choice'**".

Introductory Remarks

First, each portion of article's text is quoted in a grayed "Helvetica" font.

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

Third, when quoting from the item's text, the quoted portions of the text are in an *italicized "Times New Roman"* font.

Fourth, when quoting/referencing other sources, 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 response.

Respectfully,

<S>

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^[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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Review of “Opinion: Mandating Flu Shots Is the Moral Choice”

INTRODUCTION

Arthur Caplan, PhD [Caplan], a known vaccination apologist and the author of this “Opinion” begins with a title, “Mandating Flu Shots Is the Moral Choice”, which, in fact, asserts that mandating a “flu”-causing medical intervention, inactivated-influenza vaccine inoculations¹ (his “Flu Shots”), is somehow a “Moral Choice”.

Since when is compelling children to undergo a medical treatment that increases their risk of subsequently contracting a case of the “flu”² or a serious adverse reaction to the influenza vaccine³ anything but immoral?

THE REVIEW

“The battle over vaccination has taken a fascinating new twist in Rhode Island, where the Department of Health has proposed a policy under which all children between 6 months and 5 years of age would have to be vaccinated against the flu before entering daycare or preschool.”

Influenza Vaccination of Children *less than* Two Years of Age: Not Effective

For children *less than* two (2) years of age, *who can only ethically be given the inactivated-influenza vaccines:*

- Influenza vaccination has been repeatedly shown to be no more effective in protecting them from contracting the “flu” than a sterile-saline placebo inoculation⁴, and
- All influenza vaccines cause serious adverse effects in some who are inoculated with them.

Why, *except to risk harming them for no benefit to the child*, would any *ethical* public health official be recommending inoculating

¹ Cowling BJ, Fang VJ, Nishiura H, et al. [Increased Risk of Noninfluenza Respiratory Virus Infections Associated with Receipt of Inactivated Influenza Vaccine. Clin Infect Dis. 2012 June 15; 54\(12\): 1778-1783.](#)

² http://dr-king.com/docs/20140205_PGK_sReality-basedResponsesTo_SettingTheRecordStraight_DebunkingALLTheFluVaccineMyths_b1.pdf, “APPENDIX B” defines the disease called the “flu”. Essentially any disease agent causing the patient to exhibit an influenza-like illness, including any disease where the causal agent is an influenza virus.

³ As reported in section “6.2 Post-Marketing Experience” of the manufacturers’ package inserts (for example, <http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM305089.pdf>, “Page 11 of 24”).

⁴ Jefferson T, Rivetti A, Di Pietrantonj C, Demicheli V, Ferroni E. Vaccines for preventing influenza in healthy children (Review). The Cochrane Library 2012, Issue 8. This is a reprint of a Cochrane review, prepared and maintained by The Cochrane Collaboration and published in <http://www.thecochranelibrary.com>. Abstract at <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004879.pub4/abstract>; full article available at <http://www.update-software.com/pdf/CD004879.pdf>.

healthy children with a drug that provides them no benefit but can severely harm them?

Influenza Vaccination of Children Two to Five Years of Age: Marginally Protective

For those children who are two (2) to five (5) years of age, all of the current influenza vaccines, inactivated-influenza-virus-based and live-virus-based, provide marginal protection to the child from subsequently contracting influenza.

When the live-virus influenza vaccine is given to these children, the inoculation infects most of those inoculated with live influenza viruses⁵ (currently, four [4] in number⁶), which they can shed for at least 21 days and, thereby, infect others.

Furthermore, as established in recent studies^{7,8}, influenza vaccination causes an increase in non-influenza viral respiratory disease, which are “flu” cases, in those who have been inoculated with an influenza vaccine.

Moreover, vaccinating children two (2) to five (5) years of age:

- Provides them with, *at best*, limited protection from subsequently getting some strain of influenza;
- Increases their subsequent risk of contracting non-influenza

⁵ From 2009 Package Insert for MedImmune’s FluMist (emphasis added),

“14.5 Transmission Study

FluMist contains live attenuated influenza viruses that must infect and replicate in cells lining the nasopharynx of the recipient to induce immunity. Vaccine viruses capable of infection and replication can be cultured from nasal secretions obtained from vaccine recipients. The relationship of viral replication in a vaccine recipient and transmission of vaccine viruses to other individuals has not been established.

Using the frozen formulation, a prospective, randomized, double-blind, placebo-controlled trial was performed in a daycare setting in children <3 years of age to assess the transmission of vaccine viruses from a vaccinated individual to a non-vaccinated individual. A total of 197 children 8-36 months of age were randomized to receive one dose of FluMist (n=98) or placebo (n=99). Virus shedding was evaluated for 21 days by culture of nasal swab specimens. Wild-type A (H3N2) influenza virus was documented to have circulated in the community and in the study population during the trial, whereas Type A (H1N1) and Type B strains did not.

At least one vaccine strain was isolated from 80% of FluMist recipients; strains were recovered from 1-21 days post vaccination (mean duration of 7.6 days ± 3.4 days). The cold-adapted (ca) and temperature-sensitive (ts) phenotypes were preserved in 135 tested of 250 strains isolated at the local laboratory. Ten influenza isolates (9 influenza A, 1 influenza B) were cultured from a total of seven placebo subjects. One placebo subject had mild symptomatic Type B virus infection confirmed as a transmitted vaccine virus by a FluMist recipient in the same playgroup. This Type B isolate retained the ca, ts, and all phenotypes of the vaccine strain, and had the same genetic sequence when compared to a Type B virus cultured from a vaccine recipient within the same playgroup. Four of the influenza Type A isolates were confirmed as wild-type A/Panama (H3N2). The remaining isolates could not be further characterized.

Assuming a single transmission event (isolation of the Type B vaccine strain), the probability of a young child acquiring vaccine virus following close contact with a single FluMist vaccinee in this daycare setting was 0.58% (95% CI: 0, 1.7) based on the Reed-Frost model. With documented transmission of one Type B in one placebo subject and possible transmission of Type A viruses in four placebo subjects, the probability of acquiring a transmitted vaccine virus was estimated to be 2.4% (95% CI: 0.13, 4.6), using the Reed-Frost model.

The duration of FluMist vaccine virus replication and shedding have not been established.”

⁶ As of 2013, the only FDA-approved live-virus influenza vaccine, MedImmune’s FluMist[®], which was previously a trivalent (three virus) vaccine, became FluMist[®] Quadrivalent, a live-virus vaccine which contains four live influenza viruses, two bioengineered (“cold adapted”) live-virus influenza A strains and two bioengineered (“cold adapted”) influenza B strains.

⁷ Cowling BJ, Fang VJ, Nishiura H, et al. [Increased Risk of Noninfluenza Respiratory Virus Infections Associated with Receipt of Inactivated Influenza Vaccine.](#) *Clin Infect Dis.* 2012 June 15; 54(12): 1778-1783.

⁸ Kelly H, Jacoby P, Dixon GA, Carcione D, et al. Vaccine Effectiveness against laboratory-confirmed influenza in healthy young children: a case-control study. *Pediatr Infect Dis J* 2011; 30: 107–111.

viral respiratory infections (the “flu”);

- Gives inoculees a case of the “flu” that, *when the vaccine is a live-virus influenza vaccine*, they can give to others;
- Will cause some who are vaccinated with these influenza vaccines to have a serious adverse reaction, including vasculitis, facial paralysis, severe allergic reactions, Guillain Barré syndrome, and death⁹; and
- Could cause these children to become more susceptible to infection by other future influenza strains¹⁰.

How, then, is it ethical (or moral) to mandate influenza vaccination for children who are six (6) months to five (5) years of age?

Unethical and Medically-Bankrupt Influenza Vaccine Inoculations

Given the preceding facts, how is it ethical for any public health official to recommend mandating a “policy” that, on balance, clearly harms those who are administered an influenza vaccine and gives many of them the “flu” and the probability of infecting others?

Obviously, the answer to the questions raised by this reviewer, Paul G. King, PhD [King], is that the “policy” proposed by the “*Department of Health*” in “*Rhode Island*”, under which “*all children between 6 months and 5 years of age would have to be vaccinated*” with an influenza vaccine “*before entering daycare or preschool*”, is both unethical and immoral.

“The twist: Along with the usual vaccination opponents, the ACLU has joined the fight — on the critics' side. That is the side that favors letting people get sick, miss work and even die in the name of personal choice.”

Distortion and Misrepresentation – Ethical?

Seemingly knowing that, on balance, influenza-vaccine inoculation can make “*people get sick, miss work and even die*”, Caplan attempts to transfer the responsibility for these outcomes from the vaccine apologists, including himself, who are promoting influenza vaccination, to those who oppose this proposed “*policy*”.

“Hilary Davis of the Rhode Island ACLU rose up at a hearing last week on the proposed mandate, saying the Department of Health doesn't care about what parents think and that

⁹ For reports of these serious events, one can search the Vaccine Adverse-Events Reporting System (VAERS) database with the MedAlert interface (<http://www.medalerts.org/vaersdb/index.php>) for all of the “Vaccine Products” entries using the symptom(s) of interest and the appropriate other options.

¹⁰ [Bodewas R, Krejtz JHCM, Rimmelzwaan GF. Yearly influenza vaccinations: a double-edged sword? *Lancet Infect Dis* 2009; 9: 784–788. <http://xa.yimg.com/kq/groups/17421086/1948567490/name/Artigo+21-12+-+Milena.pdf>.](http://xa.yimg.com/kq/groups/17421086/1948567490/name/Artigo+21-12+-+Milena.pdf)

'last year's flu shot efficacy rate was around 47 percent,' suggesting the state is trying to mandate something of no medical value to babies."

Here, Caplan begins by:

- a. Changing a proposed "policy" into a "proposed mandate" and
- b. Then, stating an apparent fact, "*the Department of Health doesn't care about what parents think*", that "*Hilary Davis of the Rhode Island ACLU*" was voicing.

However, the statistic that Ms. Davis was repeating is an inflated, antibody-centric, "efficacy" view that is continually propagandized by the Establishment, "*last year's flu shot efficacy rate was around 47 percent*".

At best, the truth is that overall last year's influenza inoculation "*efficacy rate*" for "flu" was significantly *less than* 10%, since *less than* 20% of the cases of "flu" are influenza cases¹¹ against which influenza vaccines are claimed to provide some "efficacy"¹².

Furthermore, most of those who were inoculated with a live-virus influenza vaccine actually contracted one or more of the vaccine's live-viruses and developed the "flu".

While most had a "mild" case of the "flu", some had a "severe" case of the "flu" and, possibly, a few died.

In addition, those who were infected by live-virus vaccine inoculation shared their infection with others and made them sick.

Moreover, given the results of the recent studies cited by King, clearly Ms. Davis was simply stating the truth, "*the state is trying to mandate something of no medical value to babies*".

"Why do I say the ACLU is off the mark both morally and medically?"

The obvious answer to Caplan's question,

"Why do I say the ACLU is off the mark both morally and medically?"

is that he is a vaccine apologist who, for better or worse, must support the status quo no matter the facts or the cost.

"Medically, the American Academy of Pediatrics and the Centers for Disease Control and Prevention both strongly recommend routine flu vaccine for everyone older than 6 months

¹¹ Doshi P, Influenza: marketing vaccine by marketing disease. *British Med J. [BMJ]* 2013; 346 doi: <http://dx.doi.org/10.1136/bmj.f3037> (Published 16 May 2013).

¹² In general, vaccine "*efficacy*" is a measure of the percentage of a population that developed a level (titer) of antibodies against the disease antigens thought to be sufficient to provide disease protection to those who have been vaccinated with the vaccine as determined in some artificial controlled clinical trial. Usually, the actual level of protection from influenza retrospectively observed (the vaccination program's effectiveness) is significantly *less than* the published efficacy values for the influenza vaccine. Moreover, because *less than* 20% of the "flu" cases are influenza cases, at a minimum, the published influenza efficacy values should be divided by 5 [20% of the stated value].

and especially for children younger than 5. The 47 percent Davis quoted? That's based on the entire general population, not the children affected by the mandate. For children 6 months to 17 years, the CDC said the effectiveness rate was 64 percent. And, the more kids who get vaccinated, the greater the efficacy of the vaccine due to "herd immunity" — fewer unvaccinated kids makes [sic] it harder for the flu virus to spread in a daycare center or classroom."

Unethical Misrepresentation, Distortion and Misinformation

Here, Caplan, begins by ignoring scientific reality and, instead, touts the Establishment's recommendations,

"Medically, the American Academy of Pediatrics and the Centers for Disease Control and Prevention both strongly recommend routine flu vaccine for everyone older than 6 months and especially for children younger than 5".

Thus, Caplan starts by knowingly ignoring the research studies that have clearly established that inoculating children two (2) years of age or younger with an inactivated-influenza vaccine:

- Provides no, zero, or "0" protection to these children from subsequently contracting influenza¹³ and
- Will cause some vaccinees to contract non-influenza "flu"¹⁴.

Thus, giving the inactivated-influenza vaccines to this group of children will obviously cause them to get more cases of "flu" than they would have otherwise contracted.

In addition, Caplan ignores the reality that the live-virus vaccines give most who receive them the "flu".

Furthermore, the influenza-vaccine effectiveness for children two (2) to five (5) years of age is *less than* the "47 percent" figure quoted.

Thus, *presuming the number of children in each age cohort is about the same*, the maximum efficacy of the influenza vaccination program for children six (6) months of age to five (5) years of age is *less than* 20% (0.20) times [(0 + 0 + 47 + 47 + 47 = 141) divided by 5] or *less than* 5.6%.

Factoring in:

- Cases of "flu" caused by the live-virus inoculations,
- Non-influenza "flu" cases "caused" by the inactivated-influenza vaccines and, possibly, the live-virus vaccines, and

¹³ Jefferson T, Rivetti A, Di Pietrantonj C, Demicheli V, Ferroni E. Vaccines for preventing influenza in healthy children (Review). The Cochrane Library 2012, Issue 8. This is a reprint of a Cochrane review, prepared and maintained by The Cochrane Collaboration and published in <http://www.thecochranelibrary.com>. Abstract at <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004879.pub4/abstract>; full article available at <http://www.update-software.com/pdf/CD004879.pdf>.

¹⁴ Cowling BJ, Fang VJ, Nishiura H, et al. [Increased Risk of Noninfluenza Respiratory Virus Infections Associated with Receipt of Inactivated Influenza Vaccine. Clin Infect Dis. 2012 June 15; 54\(12\): 1778-1783.](#)

- The fact that the effectiveness of influenza vaccines in preventing those vaccinated from subsequently contracting “flu” is on the order of half of the CDC-generated efficacy values, the effectiveness of the influenza vaccination program in preventing “flu” cases is probably *less than* 1.5 percent.

Returning to Caplan’s narrative, the article next states,

“The 47 percent Davis quoted? That’s based on the entire general population, not the children affected by the mandate. For children 6 months to 17 years, the CDC said the effectiveness rate was 64 percent.”

Here, King agrees that the “47 percent Davis quoted” is based on “the entire general population, not the children affected by the mandate”.

However, since “the children affected by the mandate” are those six (6) months of age to five (5) years of age, Caplan’s assertion, “For children 6 months to 17 years, the CDC said the effectiveness rate was 64 percent”, does not address the “effectiveness rate” for children “6 months to” five (5) years of age, which, for the reasons King has established, is *much less than* the population rate that Caplan cited.

Next, Caplan parrots what can *only* be called unproven vaccination propaganda,

“And, the more kids who get vaccinated, the greater the efficacy of the vaccine due to ‘herd immunity’ — fewer unvaccinated kids makes [sic] it harder for the flu virus to spread in a daycare center or classroom”,

which, based on the observed influenza vaccination realities cited by King, also makes assertions that are false.

For the inactivated-influenza vaccines and the young children who are being addressed by this policy, “the more kids who get vaccinated,” the more non-influenza “flu” cases will occur in the inoculated children.

Based on age, for those *less than* two years of age (about 40% of those *less than* five (5) years of age) there will be no reduction in influenza-caused “flu” cases and a significant increase in non-influenza viral respiratory infection (“flu”) cases.

For the live-virus influenza vaccines and the children who this policy addresses, “the more kids who get vaccinated,” the more cases of vaccine-strain “flu” will be generated in those inoculated as well as additional “flu” cases in some of the inoculees’ direct contacts.

Moreover, for the *much more contagious viral disease measles*, proven outbreaks have occurred in populations of school-age children who had been almost 100% age-appropriately vaccinated^{15,16}.

¹⁵ *MMWR* 1989 Dec 29; 38(S-9): 1-18, “Measles Prevention: Recommendations of the Immunization Practices Advisory Committee (ACIP)”.

¹⁶ Davis RM, Whitman ED, Orenstein WA. A persistent outbreak of measles despite appropriate prevention and control measures. *Am J Epide*

Therefore, "herd immunity" is a false theory when it comes to the use of vaccines to prevent disease.

This is especially true when influenza vaccines actually cause the "flu", a disease in which *more than* 80% of the cases are caused by non-influenza viruses in those inoculated with certain influenza strains.

Furthermore, Caplan's assertion,

"... fewer unvaccinated kids makes it harder for the flu virus to spread in a daycare center or classroom",

is not supported by the findings:

- Obtained from a randomized double-blind true-placebo-controlled study in children six (6) to fifteen (15) years of age with nine (9) months of follow up¹⁷ nor
- Reported for a previous study that found a much higher incidence for non-influenza "flu" cases in the vaccinated individuals than in the unvaccinated individuals¹⁸.

Moreover, *for those given the live-virus influenza vaccine*, the more who are vaccinated, the more cases of vaccine-strain influenza-derived "flu" will occur in those inoculated shortly after vaccination.

Furthermore, the live-virus post-inoculation shedding that occurs will cause the inoculees to spread the vaccine-strain "flu" to others.

"The ACLU failed to mention those numbers and a few others. An average of 20,000 children younger than 5 are hospitalized each year due to the flu. Last year of the 171 kids who died from the flu, a vast majority were not vaccinated."

Less than 20% of "Flu" Cases are Influenza

Because *less than* 20% of all clinical cases of "flu" are caused by a confirmed influenza infection (Doshi [2013]¹⁹) and presuming that Caplan's unsubstantiated average hospitalization level is valid, those vaccinated with an inactivated-influenza vaccine in "*children younger than 5*" age group *probably had less than* a "1.5%" reduction in influenza-virus-caused "flu" cases and a 3.4- to 4-fold increase in non-influenza-virus-caused respiratory infection ("flu")²⁰.

miol. 1987; 126(3): 438-449.

¹⁷ Cowling BJ, Fang VJ, Nishiura H, et al. [Increased Risk of Noninfluenza Respiratory Virus Infections Associated with Receipt of Inactivated Influenza Vaccine.](#) *Clin Infect Dis.* 2012 June 15; 54(12): 1778-1783.

¹⁸ Kelly H, Jacoby P, Dixon GA, Carcione D, et al. Vaccine Effectiveness against laboratory-confirmed influenza in healthy young children: a case-control study. *Pediatr Infect Dis J* 2011; 30: 107-111.

¹⁹ Doshi P, Influenza: marketing vaccine by marketing disease. *British Med J. [BMJ]* 2013; 346 doi: <http://dx.doi.org/10.1136/bmj.f3037> (Published 16 May 2013).

²⁰ Cowling BJ, Fang VJ, Nishiura H, et al. [Increased Risk of Noninfluenza Respiratory Virus Infections Associated with Receipt of Inactivated Influenza Vaccine.](#) *Clin Infect Dis.* 2012 June 15; 54(12): 1778-1783.

Based on the preceding presumptions,

- Vaccination of all children in this age group with an inactivated-influenza vaccine probably increased the average number of hospitalizations for “flu”, and
- The use of the live-influenza-virus vaccine in this age group might also have either not significantly reduced that number or might have even increased it, even if many of the hospitalizations would have been influenza-vaccine-strain “flu”.

Absent any hard data on the specific cause of death, the vaccination status, and the specific virus or viral strain that was listed as a causal factor for each of the “171 kids who died from the flu”, King can only observe that, *based on the findings reported by Doshi (2013)*, probably *less than 34* died of an influenza-related “flu”.

Moreover, those “flu” deaths might, or might not, have been prevented if that individual had been vaccinated with an inactivated-influenza vaccine or a live-virus influenza vaccine.

Furthermore, “flu” deaths might even have been caused by a vaccine-derived influenza infection even if the individual had not been directly inoculated with the live-virus influenza vaccine.

In addition, King’s comment on Caplan’s “a vast majority were not vaccinated” must be limited to observing that Caplan’s unqualified rhetoric is meaningless.

Specifically, there is no record that the “majority” of these children (which were those humans between “0” and 18 years of age) who died of the disease “flu” were not *directly* inoculated with an inactivated-influenza vaccine or a live-virus influenza vaccine in some unqualified “[l]ast year” (calendar, fiscal, or other).

Disparaging or Ignoring Possibly Effective Alternatives

“Those who oppose vaccines often promote questionable alternatives: the preventive powers of vitamin D (no proof it does anything for the flu), exercise (if you go to a gym in flu season, it is a great place to be infected) or swallowing Echinacea (promoted and sold by the Big Supplement industry to earn them big profits).”

Chained to the defense of an infective influenza vaccination program that has been proven ineffective for those who are six (6) months to five (5) years of age, vaccine apologist Caplan now pivots to attack “alternatives” that he finds to be “questionable”.

Ironically, or perhaps intentionally, Caplan does not even mention the use of antiviral drugs, which, until the 2010 recommendations, were an integral part of the ACIP’s recommendation document (see,

for example, "Prevention and Control of Seasonal Influenza with Vaccines Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009", that the CDC's ACIP included in a section titled, "Recommendations for Using Antiviral Agents for Seasonal Influenza", in the 2009 document²¹).

Nor did Caplan mention, "... good health habits, such as covering your cough and frequently washing your hands with soap, can help prevent the spread of the flu and other respiratory illnesses", which the CDC recommends²².

In addition, rather than present King's views on what other alternate approaches could be used to minimize the risk of getting the "flu" including the use of vitamin D-3 supplementation (which establish that, contrary to Caplan's "*the preventive powers of vitamin D (no proof it does anything for the flu)*", vitamin D-3 supplementation is an effective "flu"-preventive measure), King recommends that those who are interested in alternates to influenza vaccine inoculation read either, or both, of his recent articles^{23,24}, which contain information about his views on the subject of dietary supplementation to maximize the body's overall health and, thereby, minimize the body's risk of contracting the "flu".

Finally, in the cited articles (footnotes "**23**" and "**24**"), King also presents his views on some alternative dietary supplements that can lessen the severity and duration of a "flu" infection especially for those with compromised immune systems (e.g., pregnant women, those on chemotherapy, organ transplant recipients, and the elderly) or immature immune systems (e.g., babies born prematurely or who are too young to be vaccinated).

ACLU is Correct

"Not only is the ACLU inexcusably wrong about the value of flu vaccination for young children, it is way off the mark on the issue of liberty."

First of all, as Dr. King has proven, the ACLU is fundamentally correct in its assessment that there is no value in vaccinating children, *less than* five (5) years of age with any of the current FDA-approved influenza vaccines.

Second, though not a lawyer, King finds that the ACLU is on the mark when it comes to the legal issue of the right of people to be

²¹ Prevention and Control of Seasonal Influenza with Vaccines Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009. MMWR 2009 July 31; 58(RR-8): 1-52, accessible from the CDC Internet web site <http://www.cdc.gov/mmwr>.

²² See <http://www.cdc.gov/flu/about/qa/vaccineeffect.htm>, "Vaccine Effectiveness - How Well Does the Flu Vaccine Work?", page last updated "January 31, 2014", which was last visited on 9 February 2014, the quoted information was part of a linked section titled "Besides vaccination, how can people protect themselves against the flu?"

²³ http://dr-king.com/docs/20140122_InfluenzaVaccines_VaccinationPrograms_Unsafe_NotEffective_IllnessCausing_Final_b.pdf.

²⁴ http://dr-king.com/docs/20140205_PGK_sReality-basedResponsesTo_SettingTheRecordStraight_DebunkingALLTheFluVaccineMyths_b1.pdf.

secure in their own “persons”²⁵ (“bodily integrity”), which guarantees residents of the United States of America the unalienable [defined as “impossible to take away”] right to decide whether a medical treatment should be given to themselves or their minor children or wards unless there is a proven imminent threat to the life of those individuals who are not competent to make their own decisions regarding themselves if that treatment is declined.

Currently all of the childhood vaccination programs are approved under the premise that the vaccines are given to “healthy” individuals to protect some percentage of those inoculated with them from subsequently possibly contracting some disease or diseases when they are exposed to certain causative agents.

Given the preceding premise, there can be no immediate threat to the health of the individuals who, *for whatever valid reason*, decline any such prophylactic (“disease preventive”) medical treatment.

Given the preceding realities, the Constitution of the United States of America, as Amended, specifically recognizes the right of “bodily integrity” with respect to disease-preventive vaccine administration.

“The Rhode Island law is not about protecting kids. It is trying to prevent infected kids from killing or making other kids sick, especially those with asthma or immune diseases. It is trying to prevent killing grandma by infecting her, killing pregnant women's fetuses or striking dead the neighbor who is getting chemotherapy or is post an organ-transplant who encounters an infected baby or child at the supermarket, train station or movie theater.”

Societal Suicide: Knowingly Risking the Health and Lives of Our Healthy Children to Protect the Sick and Infirm from the “Flu”

Again, Caplan misrepresents a policy proposed by the Rhode Island Department of Health, an unelected body, as if it were a “law”, when, at this point, it was not even a policy.

In addition, Caplan admits that this proposed “policy” is “*not about protecting kids*”.

Moreover, as shown by the published science referenced by King, a mandated influenza vaccination program for children *less than* five (5) years of age would be a net “flu”-causing program that:

- Does not provide those who are vaccinated any significant protection from the “flu”, which is any acute respiratory

²⁵ The Constitution of the United States of America, Amendment 4 - Search and Seizure. [Ratified 12/15/1791], emphasis added, “The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated, and no Warrants shall issue, but upon probable cause, supported by Oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized”.

disease that causes those infected by it to exhibit the symptoms of "flu"²⁶, and

- Significantly increases the cases of non-influenza viral respiratory infection ("flu") in those young children vaccinated with inactivated-influenza vaccines, or
- Causes a significant portion of those two (2) to five (5) years of age who are inoculated with the live-virus influenza vaccine to contract vaccine-strain "flu" cases as well as spread their "flu" to others, and may, *as the inactivated-influenza vaccines do*, significantly increase the inoculated children's risk of contracting a non-influenza "flu".

Thus, the policy proposed by the Department of Health for the State of Rhode Island and Providence Plantations will, if implemented, actually have effects that are the opposite of those that Caplan claims that it is *"trying to prevent"*.

This is the case because proposed policy will significantly increase the level of "flu" in the inoculated population as well as, *for the live-virus vaccine*, create vaccine-strain live-virus shedders that will spread influenza viruses that cause the "flu" especially in those with compromised, defective, or immature immune systems.

A Discriminatory and Unjustifiable Policy

"That is why the proposed policy lets parents opt out of vaccination for medical or religious reasons as long as they keep their kids at home during flu outbreaks. Surely, protecting the health of others by requiring them to be vaccinated or stay home can be justified by trying to prevent the 37 deaths of children who have already died from the flu this season. Their liberty is permanently over."

To the extent that the *"proposed policy"*:

- Will impose a disease-causing influenza-vaccine inoculation program;
- Fails to provide all residents the opportunity to decline to have their children and wards to receive a vaccine inoculation that provides little-or-no protection from *subsequently* contracting influenza; and
- Probably will actually increase the vaccinated child's subsequent risk of contracting the "flu",

²⁶ http://dr-king.com/docs/20140205_PGK_sReality-basedResponsesTo_SettingTheRecordStraight_DebunkingALLTheFluVaccineMyths_b1.pdf, "APPENDIX B" defines the disease called the "flu". Essentially, any disease agent that results in the infected person's exhibiting the symptoms of acute respiratory disease, including any disease where the causal agent is an influenza virus, can cause the "flu".

this policy, *as presented by Caplan*, is clearly an unconstitutional invasion of the rights of those persons who are not allowed to opt out of having their children or wards be inoculated with an illness-causing ("flu" causing) influenza vaccine.

Moreover, since "flu" cases occur continually in the "flu" season, the provision to "allow" parents to "*keep their kids at home during flu outbreaks*", provided they can "*opt out*" for "*medical or religious reasons*", appears to be a policy that would effectively curtail access to a state guaranteed public education for those children whose parents "*opt out*".

Clearly, that situation could occur unless the proposed policy were modified to require appropriate teacher support to the exempted children during the flu season, like the judge in West Virginia did when a parent's religious beliefs precluded her children from having school-access to the public education that is guaranteed by the Constitution of the State of West Virginia²⁷.

However, Caplan's remarks,

"Surely, protecting the health of others by requiring them to be vaccinated or stay home can be justified by trying to prevent the 37 deaths of children who have already died from the flu this season. Their liberty is permanently over",

are *less than* ethical and, at best, apparently reprehensible statements that blatantly misrepresent reality.

This is the case because:

- As of 3 February 2014, the Department of Health for the State of Rhode Island and Providence Plantations had only reported "2 flu deaths"²⁸ not "37 deaths", and
- The two (2) deaths that have been reported were not "*deaths of children*" but rather (emphasis added):
 1. "... a man in his 50s with underlying medical conditions", and
 2. "... another man in his 80s who also had underlying medical conditions".

Furthermore, under the Constitution of the USA, including the Bill of Rights, and the endowments from our Creator, enshrined in the Declaration of Independence of the united States of America, no agency in the USA has the right to demand, "under color of law"²⁹, that one person put the health or

²⁷ <http://www.firstamendmentcenter.org/w-va-judge-county-must-educate-unvaccinated-student>, "Monday, November 12, 2012", last accessed on 1 March 2014.

²⁸ [RI health department reports first 2 flu deaths, AP / February 3, 2014](#), last visited on 10 February 2014, "PROVIDENCE, R.I. (AP) — The Rhode Island Health Department has reported the first two flu deaths of the season. The department said Monday that a man in his 50s with underlying medical conditions died on Jan. 1. Another man in his 80s who also had underlying medical conditions died on Jan. 25. Officials said the reporting of the deaths was delayed because of the time it took to confirm that flu was the cause of death."

²⁹ [18 U.S. Code § 242 - Deprivation of rights under color of law](#) (emphasis added), "Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State, Territory, Commonwealth, Possession, or District to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or

the lives of his or her children or wards or himself or herself at risk to protect "the health of others".

In general, King finds that vaccine apologists, as Caplan seems to be, are continually trying to construct false and/or misleading hypotheticals.

Thus, Caplan's misleading, "requiring them to be vaccinated or stay home can be justified by trying to prevent the 37 deaths of children who have already died from the flu this season" is clearly an attempt to justify actions that blatantly violate the rights of parents, children, healthcare workers and others because these vaccine apologists appear to be protected by an Establishment that clearly does not care about the health of our children, ourselves, healthcare workers and others.

Rather, the Establishment is enamored with the direct and indirect profits and increased control that can be created by enlarging any and all vaccination programs – especially those that increase the level of: **a)** chronic medical conditions, the most long-term profitable medical conditions; **b)** cancers and leukemias, the most short-term profitable forms of medical conditions; and/or **c)** "flu" cases and live vaccine-strain influenza virus infections caused by the live-virus vaccines.

In general, these vaccination programs allow the Establishment to manipulate the reporting of information to show an "apparent decline" in the rigorously monitored cases of "natural disease" while concealing the increase in the vaccine-related medical conditions in a rigged system that grossly underreports many of these as an "adverse event following inoculation" [AEFI], *if it reports them at all*, to the Vaccine Adverse-Events Reporting System (VAERS) – all while actively *papering-over* the harms that current vaccination programs are causing.

How can it be that "disease preventive" vaccines designed to be given to initially healthy children to purportedly protect them from some uncertain future disease risk are not thoroughly tested for carcinogenicity, mutagenicity, and reproductive toxicity^{30,31} and prov-

laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined under this title or imprisoned not more than one year, or both; and if bodily injury results from the acts committed in violation of this section or if such acts include the use, attempted use, or threatened use of a dangerous weapon, explosives, or fire, shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse, or an attempt to commit aggravated sexual abuse, or an attempt to kill, shall be fined under this title, or imprisoned for any term of years or for life, or both, or may be sentenced to death."

30 http://dr-king.com/docs/20130501_Vaccines_The_Safest_of_Medicines_or_the_Biggest_Liequstn_e_b_r1.pdf, pages "3"–"4" and "APPENDIX A".

31 http://dr-king.com/docs/20140122_InfluenzaVaccines_VaccinationPrograms_Unsafe_NotEffective_IllnessCausing_Final_b.pdf, pages "3"–"5" and "APPENDIX A".

en to be free of any risk of these before any vaccine is administered to any human being?

Yet these FDA-approved and CDC-recommended vaccines, which may be carcinogenic, mutagenic and/or reproductively toxic to humans, continue to be:

- Represented as the “safest of medicines”;
- Coercively recommended to be given to our children, ourselves, and others; and
- Apparently used to increase the Establishment’s profits and control while draining the fiscal and physical health of the people.

"The government [sic] telling parents what to do when it comes to their children's health is hardly new. They do it a lot — from mandating carseats to banning lead paint and requiring childproof caps on drugs and pesticides."

Non-relevant Examples

King is not, *per se*, opposed to any of these non-bodily-invasive protections that Caplan uses as examples of governmental mandates.

However, King is compelled to object to misusing these examples when the issue is a bodily-invasive medical procedure, which none of the examples are.

Moreover, *as the influenza vaccines’ labeling (package insert³²) indicates*, these vaccines will permanently maim or kill some who are administered any of these influenza vaccines.

The Constitution of the United States of America, which specifically preserves the right of the people to be secure in their own persons, makes the Rhode Island Department of Health’s proposed policy unconstitutional on its face.

This proposed policy is made even more craven by the reality that, *based on the present body of scientific evidence*, the result of the implementation of this early-childhood, influenza-vaccination policy will be increases, by *more than* three-fold (> 300%), in cases of the “flu”.

However, many of those “flu” cases that are related to the administration of the live-virus influenza vaccine will, *if reported at all*, be mislabeled as an “adverse event following inoculation” [AEFI] as will

³² <http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093830.htm>, from which you can select the category of vaccines in which you are interested and click on it.

the non-influenza viral respiratory infections³³ (“flu” cases), which have been proven to follow the administration of the inactivated-influenza vaccines³⁴.

Sadly, *unless stopped*, these machinations are being, and will continue to be, used to conceal the reality that the current influenza vaccines apparently cause more cases of what is loosely termed the “flu” than they prevent cases of confirmed influenza.

“For parents who balk when it comes to science and safety, the state has a legitimate interest in overriding bad choices that can be fatal.”

Misrepresenting the Parents’ Issue and Twisting a State’s Legitimate Interests

Here, Caplan begins by misrepresenting the resistance from parents (“...parents who balk ...”) as if their issues have something to do with “science and safety”.

However, the “parents” are primarily concerned with protecting their own children and wards, and themselves, from harm.

As King has established, influenza vaccines:

- Do not protect those vaccinated with them from contracting the “flu” and
- Carry some real risks that some of those inoculated will be permanently harmed, maimed or killed by their body’s reaction to the influenza vaccines given to them.

Because there is *almost no* benefit for children two (2) to five (5) years of age and, *clearly, no* benefit for those *less than* two (2) years of age³⁵, the proposed Rhode Island “policy”, as Caplan admitted earlier in this article, “is not about protecting kids”.

Moreover, as King has established, absent a proven imminent risk of death to the person, under the Fourth Amendment of the Constitution of the

³³ Cowling BJ, Fang VJ, Nishiura H, et al. [Increased Risk of Noninfluenza Respiratory Virus Infections Associated with Receipt of Inactivated Influenza Vaccine. Clin Infect Dis. 2012 June 15; 54\(12\): 1778-1783.](#)

³⁴ The inactivated influenza vaccines have been proven to increase the cases of non-influenza “flu” in those inoculated with inactivated-influenza vaccines while not being effective in preventing almost all of those who are inoculated with them from subsequently contracting an influenza-related case of the “flu” if the inoculees are exposed to influenza viruses. In addition, absent the requisite parallel, randomized, double-blind, true-placebo-control study for the live-virus vaccine, King is compelled to presume that the live-influenza-virus-vaccine inoculations will also subsequently increase the level of non-influenza viral respiratory infection (“flu” cases).

³⁵ Jefferson T, Rivetti A, Di Pietrantonj C, Demicheli V, Ferroni E. Vaccines for preventing influenza in healthy children (Review). The Cochrane Library 2012, Issue 8. This is a reprint of a Cochrane review, prepared and maintained by The Cochrane Collaboration and published in <http://www.thecochranelibrary.com>. Abstract at <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004879.pub4/abstract>; full article available at <http://www.update-software.com/pdf/CD004879.pdf>.

United States of America³⁶, the state has no authority to violate any person's right to be secure in his or her person "under color of law"³⁷.

In some instances, the state may have "*a legitimate interest in overriding bad choices that can be fatal*".

However, in this instance, the proposed policy will cause more "flu" cases than it will prevent cases of influenza and further spread the live-virus influenza viruses throughout the state.

In addition, it will also put the children inoculated under this policy at a real risk for serious adverse reactions that, *when they occur*, will permanently harm, maim and/or kill some of the inoculated children and adults without providing most of them anything but a theoretical benefit.

Furthermore, based on recent studies cited by King, this theoretical benefit will most probably be, *using the Newspeak terminology that vaccination apologists and others in the Establishment are increasingly adopting*, a negative benefit.

Clearly, because the proposed policy will create more "flu" cases and more damaged children, the Establishment sees this proposed policy as another excellent opportunity to increase their profit and control at the expense of the fiscal and physical health of the residents of the State of Rhode Island and Providence Plantations.

"Connecticut, New Jersey and New York City all have the kind of preschool flu shot mandates Rhode Island is trying to implement."

Of Lemmings, the Establishment, and the People

As a resident of the State of New Jersey and a researcher who has seen some of the adverse effects from vaccinating young children with Thimerosal-preserved influenza vaccines³⁸, King can only ask, "Is the State of Rhode Island and Providence Plantations a lemming?"

Factually, two states and "New York City" have approved an influenza vaccination policy without proving that:

- Their adopted regulations truly will prevent "flu" cases — something that they cannot do because *more than 80%* of all

³⁶ The Constitution of the United States of America, Amendment 4 - Search and Seizure. [Ratified 12/15/1791], emphasis added, "The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated, and no Warrants shall issue, but upon probable cause, supported by Oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized".

³⁷ [18 U.S. Code § 242 - Deprivation of rights under color of law](#)

³⁸ Factually, *more than 50%* of the influenza-vaccine doses that can be given to children who are *less than five (5) years of age* are Thimerosal-preserved doses, which are less expensive than the corresponding no-Thimerosal inactivated-influenza vaccines.

“flu” cases are not influenza cases as the Doshi (2013) paper demonstrated³⁹. [Note: Even if the influenza vaccination program worked, it could reduce the overall “flu” cases by *less than* 20%, *at best*, provided no live-virus vaccines were allowed to be used. However, the information in the Doshi (2013) paper indicates that the trend for the percentage of “flu” cases that are confirmed influenza cases is, *if anything*, upward, indicating that the current influenza vaccination program is not effectively suppressing influenza cases.]

- Their regulations will not seriously harm any of those inoculated with these influenza vaccines without providing young children covered by their influenza-vaccination mandates any benefit^{40,41}. [Note: Independent science has clearly proven that this is fatally flawed proposition for children who are five (5) years of age and younger^{42,43}.]

Should Department of Health for the State of Rhode Island and Providence Plantations adopt a similar child-harming, disease-spreading, public-health-harmful “policy” simply because “Connecticut, New Jersey and New York City” have chosen to bow to the interests of the Establishment?

Enacting and enforcing this proposed Rhode Island Department of Health policy would obviously be detrimental to the fiscal, physical, mental and spiritual health of the state’s residents?

Hopefully, after reading this review and King’s cited articles, plus verifying the information provided in the papers cited, the Department of Health for the State of Rhode Island and Providence Plantations will abandon its proposed policy if its priority is protecting the health of the state’s children.

However, if that department actually has an “unwritten” policy of placing the Establishment’s profits and control mechanisms above the health of the children of Rhode Island, then the Department of Health for the State of Rhode Island and Providence Plantations will probably adopt some version of the proposed policy.

³⁹ Doshi P, Influenza: marketing vaccine by marketing disease. *British Med J. [BMJ]* 2013; 346 doi: <http://dx.doi.org/10.1136/bmj.f3037> (Published 16 May 2013).

⁴⁰ http://dr-king.com/docs/20140122_InfluenzaVaccines_VaccinationPrograms_Unsafe_NotEffective_IllnessCausing_Final_b.pdf.

⁴¹ http://dr-king.com/docs/20140205_PGK_sReality-basedResponsesTo_SettingTheRecordStraight_DebunkingALLTheFluVaccineMyths_b1.pdf

⁴² Jefferson T, Rivetti A, Di Pietrantonj C, Demicheli V, Ferroni E. Vaccines for preventing influenza in healthy children (Review). The Cochrane Library 2012, Issue 8. This is a reprint of a Cochrane review, prepared and maintained by The Cochrane Collaboration and published in <http://www.thecochranelibrary.com>. Abstract at <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004879.pub4/abstract>; full article available at <http://www.update-software.com/pdf/CD004879.pdf>.

⁴³ Cowling BJ, Fang VJ, Nishiura H, et al. [Increased Risk of Noninfluenza Respiratory Virus Infections Associated with Receipt of Inactivated Influenza Vaccine. *Clin Infect Dis.* 2012 June 15; 54\(12\): 1778-1783.](http://dx.doi.org/10.1186/14752875-1-1783)

In either instance, the residents of the State of Rhode Island and Providence Plantations should demand that all of the current laws and regulations governing vaccination should be reviewed and revised to ensure that:

- Only those vaccination programs that can be independently proven to be *medically* cost-effective continue to be mandated when all of the costs, including the costs to those who are directly or indirectly harmed by the vaccination program, are considered and the general public's collective views are given priority over the views of the Department of Health, corporate lobbyists, vaccine makers and suppliers, those who administer the vaccines, and the CDC;
- Only those vaccines that can be *independently proven* to be effective in preventing the disease(s) for which they purport to provide protection are recommended/mandated to be given to the residents of the State of Rhode Island and Providence Plantations;
- A state-wide "notifiable" serious adverse-event reporting program is implemented with the same penalties for the failure to report any serious AEFI as exist for the failure to report a "notifiable" disease case to the Department of Health;
- Universal, unchallengeable, affirmation only, exemption laws are adopted for "medical", "philosophical" and "religious" exemptions from all vaccination programs, including emergency or possible emergency (pandemic) vaccination; and
- After the revised independent-science-based effective vaccines have been identified, *medically* cost-effective vaccination programs have been established, and the preceding recommendations have been implemented, and laws, not regulations, are passed to replace the current mandates, additional laws are enacted which require: **a)** three-fourths of the members of both legislative chambers must agree before any further change to the mandated vaccination programs can be sent to the Governor for his concurring signature, and **b)** only the legislators, whom the residents of the State of Rhode Island and Providence Plantations elect, can change the resulting vaccination mandates.

"The ACLU, parents, teachers unions and all the rest of us should be doing something about this. All should be making sure Rhode Island and the rest of the nation adopt

mandatory flu vaccination policies.”

A Call to Lead

While King agrees with Caplan that the *“ACLU, parents, teachers unions and all the rest of us should be doing something about this”*, King disagrees with Caplan as to what they should be doing.

King hopes that the residents of the State of Rhode Island and Providence Plantations who truly care about the fiscal and physical health of their children, themselves, healthcare workers, teachers, and others will:

- Collectively educate themselves about the realities that King has discussed;
- Demand that the proposed early childhood influenza vaccination policy be immediately discarded; and
- Challenge their legislators either to: **a)** take the actions that King has recommended or **b)** resign themselves to being replaced in subsequent elections.

Furthermore, all should be making sure the State of Rhode Island and Providence Plantations *“and the rest of the nation”* adopt the applicable portions of King’s recommendations so that those mass vaccination programs that are not cost-effective will be stopped.

Finally, to those who have been or are directly, or indirectly, involved in the creation of the epidemics of chronic childhood medical conditions that have been and are adversely affecting the fiscal, physical, mental and/or religious health of our children and ourselves today, King hopes that you will repent and cease this medical malpractice.

ACKNOWLEDGEMENTS

For contributing valuable insights and providing their personal experience-based knowledge in various areas, Dr. King thanks Mayer Eisenstein, MD, JD, MPH; Gary S. Goldman, PhD; Boyd E. Haley, PhD; Melissa and Doug Troutman; Eileen Dannemann; Brian Hooker, PhD; Janet K. Kern, PhD; Catherine J. Frompovich; Neil Z. Miller; Mark R. Geier, MD, PhD; and David A. Geier.

Additionally, Dr. King specifically thanks Catherine J. Frompovich, Gary S. Goldman, Neil Z. Miller, and Eileen Dannemann for their support, suggestions, corrections and alternate wordings, which helped him to finalize this response.

ABOUT ARTHUR CAPLAN, AUTHOR OF THE SOURCE ARTICLE

Source: The web page containing the article

E-mail: Arthur.Caplan@nyumc.org

“Arthur L. Caplan, Ph.D., is an NBC News contributor. He is currently the Drs. William F. and Virginia Connolly Mitty Professor and founding head of the Division of Bioethics at New York University Langone Medical Center. He is the author or editor of 32 books, most recently ‘Contemporary Debates in Bioethics’ and ‘Ethics in Mental Healthcare: A Reader’.”

Source: https://en.wikipedia.org/wiki/Arthur_Caplan, two excerpts

“While at the University of Pennsylvania, he became the first bioethicist sued for his professional role as a result of his involvement in a gene therapy trial that resulted in the death of research subject Jesse Gelsinger.”

“He has consulted with many corporations, not-for-profit organizations and consumer organizations. He is a member of the board of directors of The Keystone Center, the National Center for Policy Research on Women and Families, Octagon, The Franklin Institute, Iron Disorders Foundation and the National Disease Research Interchange. He chaired the advisory committee on bioethics at Glaxo from 2005–8. He was the co-director of a United Nations/Council of Europe Study on organ trafficking. He is an advisor to DARPA on synthetic biology.”

Source: <http://communications.med.nyu.edu/media-relations/news/arthur-caplan-phd-renowned-bioethicist-lead-new-division-medical-ethics-departm>

“March 16, 2012 - 3:11pm

NYU Langone Medical Center is pleased to announce the appointment of renowned bioethicist, Arthur Caplan, PhD, as director of the new Division of Medical Ethics in the Department of Population Health effective July 1, 2012.

Dr. Caplan joins NYU Langone from the University of Pennsylvania Perelman School of Medicine, where he is the Sidney D. Caplan Professor of Bioethics. He is also a professor of medicine, philosophy, and psychiatry at the University of Pennsylvania, and a senior fellow of its Leonard Davis Institute of Health Economics.

....

Through January 2012, Dr. Caplan was the director of the University of Pennsylvania’s Center for Bioethics, which he built into one of the premier programs in the world. He chaired the Department of Medical Ethics from 2002 through 2009. Prior to joining University of Pennsylvania in 1994, Dr. Caplan taught at the University of Minnesota, the University of Pittsburgh, and Columbia University. He was the associate director of the Hastings Center from 1984 through 1987.

....

Born in Boston, Dr. Caplan completed his undergraduate work at Brandeis University and his graduate work at Columbia University, where he received a PhD in the history and philosophy of science in 1979. He also holds seven honorary degrees.

Dr. Caplan is a fellow of the Hastings Center, the New York Academy of Medicine, the College of Physicians of Philadelphia, the American College of Legal Medicine and the American Association for the Advancement of Science. He is a member of the board of directors of The Franklin Institute and the Iron Disorders Foundation, the National Hemophilia Foundation’s Ethics Committee, and the Board of Visitors of the Columbia University School of Nursing. He has chaired a number of national and international committees including as the National Cancer Institute Biobanking Ethics Working Group, the Advisory Committee to the United Nations on Human Cloning, and the Advisory Committee to the Department of Health and Human Services on Blood Safety and Availability. He has also served as a member of the Presidential Advisory Committee on Gulf War Illnesses, the special advisory committee to the International Olympic Committee on genetics and gene therapy, the ethics committee of the American Society of Gene Therapy, and the special advisory panel to the National Institutes of Mental Health on human experimentation on vulnerable subjects. Recently he served as the co-director of the Joint Council of Europe/United Nations Study on Trafficking in Organs and

Body Parts and is currently the ethics advisor to the Department of Defense (DOD)/Defense Advanced Research Projects Agency (DARPA) on synthetic biology.

The author or editor of 30 books and more than 550 papers in peer-reviewed journals, he also brings his expertise to popular audiences through a regular column on bioethics for MSNBC.com, monthly articles on bioethics and healthcare issues for WebMD/Medscape, and frequent appearances on other national and international media outlets.

Dr. Caplan has garnered many awards and honors over the years for his work, including the McGovern Medal of the American Medical Writers Association, the Franklin Award from the City of Philadelphia, and the Patricia Price Browne Prize in Biomedical Ethics for 2011. He was named a Person of the Year for 2001 from USA Today, one of the 10 most influential people in science by Discover magazine in 2008, one of the 50 most influential people in American healthcare by Modern Healthcare magazine, one of the 10 most influential people in America in biotechnology by the National Journal, and one of the 10 most influential people in the ethics of biotechnology by the editors of Nature Biotechnology.”

ABOUT DR. KING, AUTHOR OF THIS REVIEW

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

Furthermore, 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, which 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 diabetes), or nearing (peanut allergy) epidemic childhood levels.

More recently, Dr. King was the co-author of a review paper in the journal **Vaccine** with Gary S. Goldman, PhD, which evaluated the CDC-recommended universal varicella vaccination program⁴⁴.

That paper established that the current CDC-recommended two-dose vaccination program was not effective in preventing all those who have been fully vaccinated from subsequently contracting chickenpox.

Since that program has greatly increased the public’s risk of having clinical cases of shingles, it is also not societally cost-effective for universal use.

In addition, Dr. King was a co-author of a follow-up paper⁴⁵ published by the journal **Human & Experimental Toxicology** with Gary S. Goldman, PhD, that provided more evidence that the U.S. “universal varicella vaccination program is neither effective nor cost-effective”.

⁴⁴ 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). [See, <http://www.sciencedirect.com/science/journal/0264410X/31/13>, article “6”.]

⁴⁵ Goldman GS, King PG. Vaccination to prevent varicella: Goldman and King’s response to Myers’ interpretation of Varicella Active Surveillance Project data. **Hum Exp Toxicol**. 2013 Dec. 10. [<http://het.sagepub.com/content/early/2013/12/10/0960327113512340.full.pdf+html>].

Moreover, Dr. King was also one of the authors of a paper in the journal *Int. J. Environ. Res. Public Health*, where the lead author was Janet K. Kern, PhD. This paper reviewed Thimerosal exposure and the roles of sulfation chemistry and thiol availability in autism⁴⁶.

Furthermore, Dr. King was one of the authors in a review chapter, "[Mercury Induced Autism](#)"⁴⁷ (pages 1411-1432), in *Comprehensive Guide to Autism* Editors: Vinood B. Patel, Victor R. Preedy, Colin R. Martin. Springer New York (2014), where the lead author was Mark R. Geier, MD, PhD. That chapter presented updated evidence that mercury, including the bolus doses delivered when certain preserved vaccines and preserved serum products are given to pregnant women and young children, is a significant causal factor in "autism" and other developmental disorders, dysfunctions, and syndromes.

Finally, Dr. King was a coauthor of the paper, "A two-phase study evaluating the relationship between Thimerosal-containing vaccine administration and the risk for an autism spectrum disorder diagnosis in the United States", in the journal, *Translational Neurodegeneration*, where the lead author was David A. Geier. This open-access paper contributed more evidence to the actuality that there is a causal relationship between Thimerosal-preserved vaccine administration and the subsequent risk of a child's being diagnosed with "autism" in the USA⁴⁸.

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⁴⁶ Kern JK, Haley BE, Geier DA, Sykes LK, King PG, Geier MR. [Thimerosal Exposure and the Role of Sulfation Chemistry and Thiol Availability in Autism \[Review\]](#). *Int. J. Environ. Res. Public Health* 2013 Aug, 10, 3771-3800. OPEN ACCESS.

⁴⁷ See, http://www.researchgate.net/publication/258009647_Mercury_Induced_Autism/file/60b7d526955a643330.pdf for the complete chapter.

⁴⁸ Geier DA, Hooker BS, Kern JK, King PG, Sykes LK, Geier MR. A two-phase study evaluating the relationship between Thimerosal-containing vaccine administration and the risk for an autism spectrum disorder diagnosis in the United States. *Translational Neurodegeneration* 2013 Dec. 16; 2:25 (12 pages). In the first month after publication, it was accessed *more than* 10,500 times.