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Topic Analysis

Resolved:  
Public health concerns justify  
compulsory immunization.



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## **Topic Analysis by Ryan Hamilton**

I believe that this debate can be interesting in every round. It focuses on the interplay between particular rights, how they interact with our physical body and space, and very pressing concerns about health that stand to affect the previously mentioned in a very meaningful way. More to the point, it lends itself to impact scenarios that are indeed intense and enormous, but not the sort of silliness that usually accompanies intense and enormous impact scenarios.

Naturally, the first thing to establish is what is meant by a public health concern – I think some people will try to make the extension that minimizing the effects of a biological weapon falls under the “public health concerns” brief, but I don’t think that is what is typically meant when a government establishes health boards that try to maintain some sort of standard that reasonably protects people from common health problems or rare but more likely methods of disease transference. More likely than a biological weapon is that a person who has small pox contracted in a remote region of India is in an incubation period when they travel to the United States, or even more likely, Mexico and then to the United States, where the disease spreads like wildfire amongst individuals who were previously at a very low risk level for contraction of small pox and a lot of trouble follows.

It seems to make sense, then, that we follow what most people mean by public health concerns – what are the reasonable risks of disease spreading and affecting significant parts of any community. This typically means person to person contraction, animal to person contraction, and usually excludes malevolent infection by biological weapon or practical joke or whatever other means people use to spread disease. From a judges perspective, this mercifully spares one from having to sit and listen to extravagant, science fictional claims about the next terrorist menace seeking to destroy the United States and other Western powers with a disease and all of the damage that can be done by just one vial of a particularly vicious type of biologically engineered strain of the worst condition known to man and the sort of ‘come on, man’ debate that tends to follow those extravagant, science fictional claims. From a competitors stand point, it is definitely a little more challenging to do the research into what the cause of epidemics are and how they spread – but the impact scenarios are definitely just as grand. Sometimes we don’t need terrorists to cause destruction that strikes fear into the hearts of average people – sometimes nature takes care of that on its own.

I also think that this topic will require a lot more research than the standard topic. How immunizations interplay with our bodies and what that means for larger trends of how weak or strong or immuno-defenses are will be extremely important in the debate rounds, particularly to negative debaters. People understand that the less exposed to germs you are the less resistant your body

becomes to them – while immunizations from small pox, during which a person risks death, are certainly justified, a compulsory immunization for the chicken pox, when one really just risks a week or so of inconvenience and discomfort, might be less justified because it stops the body from developing stronger antibodies and creating a vigorous immune system. I am unaware of the complexities, however, of the science. A prepared negative debater will be much more equipped to handle the many good affirmative arguments about protecting a community from pestilence.

The framework in this debate is probably going to need a lot more work than most resolutions because there is no easily inferred value coming out of the resolution. There are tons of values that might under gird objections or affirmations to the topic. It will require carefully explanation of the link chain between whatever value and criterion you select to be at the top of the case and the resolution to be successful. Alternatively, if your opponent has wasted time or been sloppy with his link chain, which I anticipate most debaters will be, many rounds will be easily won by focusing on this weakness.

That having been said, I think this topic is pretty affirmatively biased. I didn't start out thinking that, though – there are serious and compelling objections to be made when the state or a community gets together and starts telling you what you *must* inject into your body. I think, though, ultimately that is the petulant child's position. Thinking that I have the right to simply reject an antibody that

protects me, and more significantly, others from contracting a disease (from me) on the basis of some nebulous claim to a right in the face of a very real and meaningful risk of disfigurement or death is silly. It's a crock.

I say community here because it is most likely other members of any person's region that will be demanding that there be compulsory immunization – it might be all right for my neighbor to object to his immunization if he was the only person he risked. But that isn't the case with the worst kind of diseases. If he travels to the Gambia and contracts some awful virus like Ebola, then returns to the United States and holds my child and bakes me a cake before we recognize that he has the Ebola, and then he dies, I die, and my kid dies too. It is unlikely that the specter of big brother is lurking in the corner looking to oppress its citizens by forcing them to protect themselves against disease – it is more likely that a person's neighborhood and a larger community are the ones demanding it. I think this makes a more compelling argument and eliminates a lot of the offense that a negative might generate about governmental side constraints and other things that freedom loving people typically find important.

Aside from this, affirmatives have very compelling arguments. The whole host of public health concerns seem to any reasonable person outweigh whatever immature claim to the sanctity of one's body comes out in an ejaculation of selfishness. Living in a society comes at costs – being around others, benefiting from their labor and company comes with a big swath of responsibilities to them

and to one's self. Chiefly among that is to not put them at unreasonable risk of disease contraction when you put yourself at risk of contracting a disease on your next trip to Biafra.

Negative debaters will probably try to construct a scenario in which an entire community is at once put at risk and therefore the immunized people will face no risk of contamination from the unimmunized. That might be true at that point, but other people will probably only become immunized to the needed extent if it is compulsory in the first place, and second, this is not the most likely scenario of disease infection. As noted in several examples before, the most probable instance in which there is significant risk of contamination is when one contracts a disease apart from their community and unknowingly returns to their community carrying the disease, and through the course of regular interaction spreads it without malicious intent. It is in this scenario that the danger lurks and why compulsory immunization for people traveling, for instance, is most needed.

Negative positions will sometimes try to scope out some Jenny McCarthy research that immunizations cause autism. That is also a crock. The latest data out suggests that the doctor who originally performed the study linking immunizations and autism and other conditions fudged his figures at best and outright lied and fabricated at worst. The vast, vast majority of scientific evidence has not found any connection between immunizations and autism or other conditions that affect a large part of the community. Careful study of this

research and the larger, on going medical conversation about these issues will definitely be of assistance. Again, this is not a topic where you can count on a broad knowledge of rights philosophy to help you out. This is a reason that this topic is so good in terms of education: good debaters will necessarily be the ones who know about the science behind the immunizations.

Given that the scientific community seems to be against the position that immunizations cause autism or other problems, negatives' best hopes probably lie in arguments about side constraints to the power of governments and communities and at what point immunizations become a public health concern in and of themselves. At what point does the government have the right to exercise some kind of control over what I put into my body in a philosophical framework (as opposed to a legal framework, though one might inform the other).

There is something to be said, I guess, for people who object to having to be immunized on the basis of religious grounds. This is okay, I suppose, if the same group of individuals also do not participate in activities (like travel to particular regions) where they are at a risk of bringing disease back home or if they are prepared to die for their convictions. I think, however, the best positions will come from criticizing the power of the government writ-large to force people to do anything with their bodies (assuming they haven't committed a criminal offense) whether that is forced surgery, injections of any kind, amputations, alterations, disfigurement, or what the state might consider improvement. The relationship

between what constitutes us as an individual and our bodies is one that shouldn't be tampered with – if the mind wills that the body ought not have something done to us, is it not a form of torture to have our will about our body disregarded and be subjected not only to the process which may be sometimes painful but to the humiliating loss of control over the *one thing* in the world over which human beings ought to have absolute control, especially when a person has done nothing pro-actively that might constitute a waiver of this control?

The argument is compelling here because society sets the priorities, the thresholds for at what point our wills can be disregarded for the greater good – from an American perspective, stopping a guy who has gone to a diseased place from bringing diseases back home is a relatively benign priority, but it ensconces in principle our consent to the idea that communities have the ability to force someone to do something as long as x is involved. Our society is not prone (at least right now) to forcing people to be subjected to medical operations or other body altering processes because others want them too – but it was not so long ago that the government decided it was a priority to sterilize “imbeciles” so that the rest of society wouldn't have to deal with their off spring – “three generations of idiots is enough” comes to mind. But the resolution doesn't deal with the United States – so other societies, particularly virulent Islamic ones come to mind, where the sexual pleasure of a woman is something that people want to avoid as a priority should also be allowed to participate in their female genital mutilation because that is their priority. Insofar as we consent that different

countries have different priorities that should be respected, we cannot at once hold that it is okay for some people to forcibly immunize members of their communities at the same time we condemn female genital mutilation.

It stands to reason, therefore, that what is needed is a rejection that other individuals or collectives have any say or stake in what we do with our bodies. This wholesale rejection of that principle which at once removes reasons for torture and FGM also removes the basis, the fundament for compulsory immunization. This is the strength of the negative position – identifying the consistent background principle and attacking it as opposed to the relatively benign manifestation of that principle in immunization.

Moreover, and this is part of the science that I do not fully understand, there is research to suggest that constant immunizations that are increasing as we speak serve to threaten our natural ability to fight off diseases and cause some allergies that otherwise wouldn't exist. Anecdotally, I understand that the number of immunizations from the 80s to today has almost quadrupled. An investigation into this issue might yield a very compelling case that immunizations reach a critical point at which they start to become more trouble than they are worth. Chicken pox is another good example – if we prohibit our bodies from defense against disease, they gradually lose the vigorous ability once possessed by our ancestors. This is clearly a good reason why public health concerns not only

does not justify compulsory immunization, but that public health concerns demand strict limits on immunizations.

## Topic Analysis by Amanda Liverzani

### Introduction

I like this resolution for several reasons. First, it is timely. Flu season is upon us and we're all deciding whether to get flu shots. With people still concerned about H1N1 and a potentially devastating pandemic questions of compulsory immunizations seem highly relevant. Second, this resolution has a lot of room for creativity. just as easily as you could run a negative premised on civil rights you could also run a pretty wicked femK. Third, the resolution is crystal clear. No awkward phrasing or bizarre terms of art here. Finally, and perhaps most importantly, this resolution has a really rich legal history and great topic literature. If everyone takes some time to become familiar with a few basic ideas on this topic it will make for more interesting and informed debates. So to put everyone on the same page, let's begin with an overview of the legal history of compulsory immunizations in the United States and it's application to the resolution. Bare with the history lesson, in the end it will pay off.

In the United States compulsory immunization laws arose in the mid-nineteenth century along with compulsory education statues. M. Craig Smith explains the correlation,

Bringing together large numbers of children created an environment that was ripe for the spread of disease. With this occurrence and

the increasing acknowledgement that vaccines were becoming a relatively safe preventative, it was natural that compulsory education laws would lead to compulsory immunization laws.<sup>1</sup>

Immunization laws were met with considerable resistance from the anti-vaccination movement which consisted of ethical, religious, and scientific objectors. As a result of the controversies several states evaluated immunization provisions in their Supreme Courts. In 1890 the California Supreme Court upheld compulsory immunizations in *Abeel v. Clark*, finding that such laws did not violate the Equal Protection Clause. In *Duffield v. School District of Williamsport* (1894) the Supreme Court of Pennsylvania ruled that compulsory immunizations were justified so long as it was the belief of the proper authorities that public health required vaccinations. That same year the Supreme Court of Connecticut (1894) found in *Bissell v. Davison* (1894) that immunizations were a reasonable exercise of police power.

Compulsory immunization laws were brought before the Supreme Court for the first time in *Jacobson v. Massachusetts* (1905). If you only have time to read one case for this resolution, I would definitely recommend *Jacobson*. The case ruling provides an excellent overview of how the government mediates between conflicting claims of individual rights and public welfare, plus it establishes the

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<sup>1</sup> M. Craig Smith, "A Bad Reaction: A Look at the Arkansas General Assembly's Response to *McCathy v. Boozman* and *Boone v. Boozman*," *Arkansas Law Review* 58: 251, 2005.

extent of the government's police power in terms of public health matters. The case centers on a citizen's reaction to a Massachusetts regulation that was adopted in the early twentieth century requiring immunization for all residents of Cambridge against. Rev. Jacobson refused immunization based on the rights afforded to him in the preamble of the Constitution as well as the Fourteenth Amendment's Due Process and Equal Protection Clauses. The court rejected Jacobson's defense, arguing that the state's police power can entail the ability to limit individual liberty under certain conditions. Individual liberties could thus be restricted by the state for the common good:

The liberty secured by the Constitution of the United States to every person within its jurisdiction does not import an absolute right in each person to be, at all times and in all circumstances, wholly freed from restraint. There are manifold restraints to which every person is necessarily subject [to] for the common good.<sup>2</sup>

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<sup>2</sup> Jacobson v. Commonwealth of Massachusetts, 197 U.S. 11 (1905)

For the court, issues of the common good included those “essential to the safety, health, peace, good order, and morals of the community.” Because immunizations could be viewed as essential to the health of the community, the court found that the compulsory immunization laws were within the just power of the state. Additionally the court established four principles which must be met in order to use the states police power in support of mandatory immunization:

(1) *public health necessity*--Justice Harlan, in *Jacobson*, insisted that police powers must be based on the "necessity of the case" and could not be exercised in "an arbitrary, unreasonable manner" or "go so far beyond what was reasonably required for the safety of the public;"

(2) *reasonable means*--The *Jacobson* Court introduced a means/ends test that required a reasonable relationship between the public health intervention and the achievement of a legitimate public health objective. Even though the objective of the legislature may be valid and beneficent, the methods adopted must have a "real or substantial relation" to protection of the public health, and cannot be "a plain, palpable invasion of rights;"

(3) *proportionality*--"The police power of a State," said Justice Harlan, "may be exerted in such circumstances or by regulations so arbitrary and oppressive in particular cases as to justify the

interference of the courts to prevent wrong and oppression." Thus, a public health regulation may be unconstitutional if the intervention is gratuitously onerous or unfair; and

(4) *harm avoidance*--While those who pose a risk to the community can be required to submit to compulsory measures, including vaccination, for the common good, the measure itself should not pose a health risk to its subject. Jacobson presented no medical evidence that he was not a "fit person" for smallpox vaccination.

<sup>n178</sup> However, requiring a person to be immunized despite knowing harm would be "cruel and inhuman in the last degree."<sup>3</sup>

The Jacobson decision contains within it the seeds of at least five affirmative cases ( each of the principles for state intervention mentioned above could be the basis for an affirmative case) and Jacobson's defense outlines several negative positions. Go ahead and read the case yourself and I'm sure you'll see how much work has already been done for you by the Supreme Court and commentators on the decision. Seriously, they're smart folks.

## Affirmative

### 1. Utilitarian Arguments

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<sup>3</sup> James G. Hodge, "School Vaccination Requirements: Historical, Social, and Legal Perspectives," Kentucky Law Journal 90:831, 2001/2002.

Utilitarian arguments fit naturally with the affirmative. The resolution's emphasis on public health establishes that our concern with immunizations is in terms of "herd health" (the health of society as a whole) rather than the health of the specific individual being immunized. There's a CDC commercial running right now that illustrates this idea. A woman who has just received a flu vaccine is shown and she informs the viewer that she got the vaccine so that she wouldn't give her children the flu. This reinforces a simple idea. The government doesn't want you to get vaccinated so you stay healthy, they want you to get vaccinated so you don't get everyone else sick. This was the premise behind the initial laws for compulsory immunizations pertaining to school children. Compulsory immunizations are justified because they provide the greatest good for society as a whole by preventing the spread of infections. Conversely, if people choose not to receive immunizations it is destructive to the herd health because it puts different groups at risk:

Increasing numbers of free-riders undermine society's ability to achieve a critical mass of people who are vaccinated. The declining community immunity no longer protects members in the group who have not yet been immunized or whose immune systems are more vulnerable due to age or infirmity. Sadly, as exemptions proliferate, disease "hot spots" are cropping up across the United States where large pockets of children have not received many or any of their mandatory immunizations. The consequences are not merely

academic - outbreaks of measles, whooping cough, mumps, rubella and diphtheria are reoccurring, costing hundreds of lives and hospitalizing thousands more. Negative externalities are imposed upon well-intending parents, as their young infants may be exposed to life-threatening illnesses before they even have the ability to complete the recommended childhood immunization schedule. Others, often in the elderly segment of the population or those afflicted with HIV or cancer, have weakened immune systems that leave them susceptible despite previous vaccinations.<sup>4</sup>

These kinds of utilitarian arguments are strategic because they create a very clear impact story and there is a lot of literature supporting them. The disadvantage of such arguments is that they are susceptible to standard utilitarian responses. If you decide to run a case based on these arguments be sure to adequately prepare answers to the run of the mill utilitarian blocks.

## 2. Harm Principle

This second family of arguments is superficially similar to the utilitarian arguments but differs enough to warrant a separate category. These arguments are based roughly around a version of the Harm Principle, John Stuart Mill's

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<sup>4</sup> Steve P. Calandrillo, "Vanishing Vaccinations: Why Are So Many Americans Opting Out of Vaccinating Their Children?" *University of Michigan Journal of Legal Reform* 37:353, 2004.

famous moral maxim dictating that “the only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others.” Basically an individual can do whatever they want insofar as they do not interfere with other individuals or cause harm to them. Because refusing a vaccination, one could argue, puts the rest of the community at risk, it is justified to force people to be vaccinated in order to prevent harm to others. Articulated in this fashion, compulsory vaccination is justified by the harm principle. All you need to do is prove that a failure to receive immunizations puts the community at risk. This isn't a very difficult task given the amount of literature out there on the subject:

Increasing numbers of free-riders undermine society's ability to achieve a critical mass of people who are vaccinated. The declining community immunity no longer protects members in the group who have not yet been immunized or whose immune systems are more vulnerable due to age or infirmity. Sadly, as exemptions proliferate, disease "hot spots" are cropping up across the United States where large pockets of children have not received many or any of their mandatory immunizations. The consequences are not merely academic - outbreaks of measles, whooping cough, mumps, rubella and diphtheria are reoccurring, costing hundreds of lives and hospitalizing thousands more.<sup>n32</sup> Negative externalities are imposed upon well-intending parents, as their young infants may be exposed to life-threatening illnesses before they even have the ability to

complete the recommended childhood immunization schedule. Others, often in the elderly segment of the population or those afflicted with HIV or cancer, have weakened immune systems that leave them susceptible despite previous vaccinations.<sup>5</sup>

If you would like to run a position employing the Harm Principle try reading the relevant passages of John Stuart Mill's On Liberty. While it is not necessary to quote Mill, in fact I don't think I would recommend it, it is helpful to know his justification for the Harm Principle so you can articulate a warrant in your standards analysis.

### 3. Bioterrorism

One interesting avenue to pursue on this resolution is compulsory vaccinations to eliminate the threats of bioterrorism. In the wake of 9/11 and the 2001 anthrax attacks, the potentially devastating effects of a bioterrorism attack came to the forefront of public consciousness. In particular, concern over a possible smallpox attack generated significant attention. Although generally viewed as a disease of the past thanks to vaccination campaigns in the previous century, several conditions make smallpox a likely weapon of choice for terrorist groups. Since people are no longer vaccinated for smallpox there is no herd immunity against it.

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<sup>5</sup> Calandrillo, 2004.

As a result those exposed are likely to contract smallpox and develop its horrifying symptoms:

The disease progression in a standard case began with a ten-to fourteen-day incubation or latency period, following which the first symptoms (headache, backache, fever, chills, and convulsions) would appear. Then, oddly, for a day or two, the victim would feel better, and the fever would subside as if some other, less deadly ailment had been the cause. After that, however, the smallpox infection aggravated: a rash would erupt, and spread over the face, arms, chest, back, and legs; the rash would rise into pimples, blisters, and then pustules; and these would eventually dry into scabs or crusts. The victim's skin turned pink or red, felt hot to the touch, and might peel off in limp sheets. While those external signs were intensifying, the internal developments were even worse. The virus would infest the lungs, liver, heart, and other organs, causing hemorrhaging and toxemia. Opportunistic bacteria could invade the skin lesions, generating an additional source of infection. Death might occur within a few days after the onset of the most vivid symptoms, or the victim might linger for days or weeks.<sup>6</sup>

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<sup>6</sup> David A. Koplow, "That Wonderful Year: Smallpox, Genetic Engineering, and Bio-Terrorism," *Maryland Law Review* 62:417, 2003.

In addition to being deadly and disfiguring, smallpox also spreads easily and quickly making it very dangerous in high density areas. Like the common cold smallpox can spread in the air and through person to person contact:

The smallpox virus remained communicable for up to three weeks, and the disease was readily spread to surrounding persons. Each sneeze or exhaled breath could propel millions of infectious viruses into the atmosphere, where they could linger for days before wafting into someone else's inhalations.<sup>62</sup> The scabs contained infectious pus too, and the victim's clothing, linens, or shroud often served as vehicles for transmitting the virus to succeeding generations of sufferers. Up to half the people exposed to the virus could contract the illness.<sup>7</sup>

The ease of transmission and devastating impacts make smallpox an appealing choice for terrorist groups looking to generate havoc. As a result, we can conclude that smallpox represents a public health concern:

Many experts would consider variola an "ideal" tool for deviant non-state actors. The virus's lethality, the absence of any cure, and the fear and loathing it has always inspired in human beings combine to suggest that few BW agents could succeed in terrorizing a community as viciously as smallpox. Moreover, unlike anthrax, smallpox is fully communicable between people: once an epidemic

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<sup>7</sup> Koplow, 2003.

has been started, any person with vaguely flu-like symptoms becomes a potential disease agent and thus a subject of apprehension and even anger. Ominously, Osama bin Laden has reportedly devoted resources to obtaining variola weaponry.<sup>8</sup>

Arguably, the public health crisis smallpox could cause is preventable through compulsory vaccinations. The vaccinations exist, they are effective, and so we can argue that they are justified by the risks to public health bioterrorism creates. If you choose to run this kind of case make sure you provide theory justifications at the top of case explaining why proving one example of compulsory vaccination is sufficient to affirm. This is easier than it is on most topics as it doesn't really make sense to interpret the resolution as mandating every vaccine for any illness be compulsory.

## Negative

### 1. Bodily Autonomy

This topic is fundamentally a question of justifying government intrusion on the body. Although the resolution does not explicitly state a government actor, we can stipulate one based on the fact that no other body really has the authority to mandate immunizations and theoretically if one did it would be acting as a government anyway. Western philosophy for a long times has stipulated a

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<sup>8</sup> Koplow, 2003.

distinction between the sphere of appropriate government influence and that which is separate from it. In Greek philosophy this distinction could be seen in the “oikos” versus the “agora.” Enlightenment theorists such as Locke also articulated it through the distinction of a public and a private sphere. What constitutes the public and private sphere has been debated thoroughly but there is agreement, to an extent, that the body is at least somewhat inviolable. The resolution can be viewed as a question of the sanctity or lack of sanctity of the human body to government intervention. For a solid introduction to the concept of the body and government actions that impact the body I would highly recommend Alan Hyde’s “Bodies of Law.” It can be a challenging text at times but it is well worth it for the over view of how laws can impact the body and some specific discussions of compulsory immunization.

If the body is viewed as something sacrosanct than the government should not have the ability to force individuals to do something to their own bodies that they do not want to do. Anti-vaccinationists frequently argue that compulsory vaccinations constitute a violation of bodily autonomy and subsequently are an affront to their civil liberties.

In addition to the potential safety risks associated with immunizations, antivaccinationists raise the classic American values of freedom and individualism as grounds for their objections to compulsory vaccination laws. Groups opposed to government interference in personal lives vociferously argue that no one,

especially not the state, can dictate what they can do with their body (or their child's body for that matter). Mandatory vaccination is therefore an unwarranted interference with basic human autonomy and liberty. In fact, nearly 4 out of 5 websites opposing vaccination argue that current U.S. immunization laws are a violation of civil liberties. In particular, many cite newly created electronic vaccine registries as an example of "Big Brother" intruding into private lives. Antivaccinationists further characterize public health authorities as abusive, untrustworthy and paternalistic. Resisting forced immunization, on the other hand, is equated with the noble fight against government oppression.<sup>9</sup>

The advantage of these arguments is that they appeal to a very powerful rhetoric of rights, particularly in terms of the body. No one likes the idea that their body could be invaded by a government actor, or any actor for that matter, against their consent.

## 2. Population

I am not going to go too in depth with this position because running it requires that you go off and read a bunch of Foucault. That's not a bad thing but it isn't everyone's cup of tea. When the resolution stipulates the reason for compulsory

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<sup>9</sup> Calandrillo, 2004..

vaccinations is a concern for public health it is establishing that compulsory immunizations are not paternalistic laws. That is they are not laws established to protect the individual from him or herself. Instead they are about protecting public health in general. By making the justification for vaccinations public health rather than individual health, the government's focus is on "population." For Michel Foucault the shift towards viewing society through the lens of population is in fact one of, if not the, originary condition of biopolitical order. This seems clearly reflected in the fact vaccination is a question of government control over the body and the generation of "healthy" bodies. If you're interested in pursuing some of these ideas I would recommend doing some reading in Foucault, especially his later works on population and his study of the plague in Discipline and Punish.

### 3. Immunizations aren't safe

One argument that you are going to see a lot while doing research on this topic is that immunizations are not safe and subsequently should not be compulsory. Some strands of this argument are very intuitive. Many people have conditions such as cancer or autoimmune disorders that make it dangerous for them to receive vaccines. Other individuals are allergic to vaccine components. These are very good reasons for why those people should not be forced to undergo compulsory immunizations. The anti-vaccine movement takes this argument a bit further. Some individuals reject vaccines because they believe they cause more

harm then good. In particular they link childhood medical conditions to childhood vaccinations:

A source of particular concern in the last few years regarding vaccination risks is the use of the ethylmercury-based preservative thimerosal. Mercury is a known neurotoxin, and some antivaccinationists have raised alarming allegations that thimerosal causes not only allergies but autism as well. Other critics contend that immunizations can lead to multiple sclerosis, sudden infant death syndrome (SIDS), diabetes, asthma and bacterial infections.

<sup>10</sup>

There is significant debate over whether childhood vaccines contribute to the development of autism. Several celebrities have taken this on as their cause of choice and you can frequently see Jenny McCarthy and Jim Carrey on news shows arguing against early childhood vaccinations. Most scientists, of course, continue to argue for the general safety of vaccinations. However, the fact that the government established the National Vaccine Injury Compensation Program in 1988 and has given out \$847 million in damages to those injured by childhood vaccines seems to suggest that there are some harms to vaccinations. If you decide to run this kind of argument it is absolutely imperative that you do research on it. The safety of vaccines is very controversial and emotions run high for many involved. Some of the information may be misleading because of that.

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<sup>10</sup> Calandrillo, 2004.

## A Final Note...

One last question I'd like to address is whether the affirmative must prove the efficacy of vaccinations. One way to approach the resolution is to assume that vaccinations are effective and then debate whether the public health concerns outweigh the civil liberties concerns that mandatory vaccinations create. I think this approach sets up a very clear ethical debate and avoids a lot of trivialities dealing with the effectiveness of vaccines. A second way to approach the resolution would be to focus the debate on whether or not vaccines are effective at preventing a public health crisis. The small pox case would fit this model( Smallpox is the worst illness ever. It is highly contagious, frequently lethal, and can ravage a population. Smallpox vaccines are effective. Therefore, to avoid the horrors of smallpox compulsory vaccinations are justified). For this particular position to be viable it is necessary to explain why proving one example is sufficient. A negative under this approach would focus on the problems associated with vaccines. Another interesting thing is the use of the word concern. You can be concerned about something that is unreasonable. For example, you could have a concern that aliens are going to snatch you from your bed. Merely having the concern does not mean it is a valid one. Society has feared a lot of things that turned out to be bunk. So while the affirmative just has the speculative harms associated with some concerns, the negative can at least drag up some definite harms regarding vaccinations. Ever since vaccines have been used people have opposed them based on their potential negative effects.

How ever you decide to approach the resolution you need to be prepared to explain why you needn't prove the effectiveness of vaccines or why proving/disproving affirms or negates the resolution.

Good luck with research and debate writing. Enjoy what should be a very fun resolution!

## **Topic Analysis by Fritz Pielstick**

My reaction to the NFL's topic selection on the morning of October 1, 2009 was substantially better than my reaction on August 15, 2009. I feel like many people within the LD community share that same sentiment. I am pleased that this topic was selected, and I am also pleased that the LD community was able to spare itself the bi-monthly tradition of griping at a topic before researching it. I have thought about the topic, and have researched it, and have come to the conclusion that although the topic may have a few flaws, it is still a topic that will produce many exciting and educational debates, in which debaters can run exciting and educational arguments.

This analysis is another roughly organized collection of my thoughts on this particular resolution, as well as ideas for writing strategic positions and winning arguments.

If you recall, in my last topic analysis for the September/October ~~fiasee~~ topic, I divided the analysis into various segments, each with some (possibly contrived) correlation to a Rolling Stones song.

I will not do such a thing for this topic analysis.

Instead, I have decided to dedicate the various sections of this topic analysis to songs by the great Celtic gods of rock themselves, U2. Here we go again...

## **The Vagueness of the Resolution: I can affirm *With or Without You***

Although reaction to this topic, from talking to debaters and reading what they have to say on various debate-oriented websites, has been markedly positive, many of the (few) complaints I've read regarding the topic have dealt with the relative vagueness of the wording. Some have suggested that the debate will likely become a battle of definitions and various theory shells. In some respects, they may be correct. I will agree that the wording of this particular resolution leaves quite a bit to the imagination. The resolution contains a couple of loose phrases that don't have an immediate, concrete meaning. *What is a public health concern? What are compulsory immunizations?* I think that with respect to the relative vagueness of the resolution, there two ways that you can deal with it when putting together your affirmative case(s): fight it, or embrace it. You can *win with or without* it.

By this I mean, you can either write cases whose strategic implications are to rely on the vagueness of the resolution and give a generalized, extremely philosophical advocacy for the resolution, or you can write cases that are hyper-specific and advocate for a parametricized (why do we say that? It's not a word...) version of the resolution. We shall explore each of these in greater depth:

Vague, Philosophical AC's

In this scenario, the affirmative case would never leave the plane of philosophical grounding. Embrace the vagueness of the resolution, and give a generalized advocacy in favor of compulsory immunizations. There is a wide array of relevant philosophical literature out there that would theoretically justify compulsory immunization. Philosophy that pertains to the importance of the greater good with respect to individual sovereignty or autonomy is a good place to look.

By researching arguments that sufficiently affirm a generalized view of the resolution, you can focus far more heavily on the substantive issues of the round. This can have a number of strategic benefits, namely, not having to spend the 1AR answering topicality or a giant storm of definitional attacks on the AC flow.

This is also most likely the way to go for you debaters out there who are responsible for teaching this fine activity to novices (I've been there). This topic could be somewhat intimidating for a debater with very limited experience, but encouraging them to debate this topic generally and philosophically can mostly likely eliminate much of that intimidation, as well as work to improve their understanding of the basic philosophical knowledge necessary to be successful in LD.

Uber-Specific AC's

This strategy is the exact opposite of what I previously talked about. In this scenario, the affirmative defends a super-specific interpretation of the resolution. For example, the affirmative could advocate for one specific immunization or vaccination in one specific country against one specific illness, to solve for a handful of specific impact stories. This is certainly the most *big risk, big reward* strategy for affirming. The obvious benefit to affirming the resolution this way is that one can make arguments that their opponent is not necessary anticipating, and is therefore less likely to answer effectively. There is also less of a chance that their negative case will be competitive against it (which is why you should definitely write *multiple* NC's for this topic—we will discuss this later). The first obvious drawback, however, is that you put yourself at risk for losing the debate to definitional arguments or your opponent's topicality or theory shells. This is one of the other reasons why I would recommend more generalized AC advocacies for inexperienced debaters. Debaters with less experience debating on the framework level should not run cases that invite a framework debate. The other potential drawback to the super-specific affirmative advocacy is that if your opponent does happen to have answers to the specific immunization you are advocating, your strategic advantage goes out the window. If you find evidence that advocates strongly for one specific immunization, then there is almost certainly evidence out there that advocates against it, and if your opponent has that evidence sitting in their expando or on their laptop, you are not going to be in a hugely strategic position for the round.

Still, for those debaters who have experience debating framework and are willing to put in the extra work doing specific research and writing good frontlines for the 1AR, I would recommend looking into the number of specific immunizations you can advocate for. When constructing your case, thoroughly defend your position at the framework level from the beginning. If you are not going to defend a generalized view of the resolution, give solid warrants in the framework about why your interpretation is legitimate. There is plenty of good literature out there, and plenty of good arguments to be made.

### **Big Impacts: *The Unforgettable Fire***

Many affirmative cases will rely upon large-scale impact stories. For a topic such as this, the link is not necessarily contrived. There is good evidence that indicates that vaccines are necessary to prevent global pandemics that have the potential to kill millions of people and ravage the global economy. Making these arguments is strategic in so far as the resolution is intrinsically a question of the greater good versus individual liberty. If you want to explain the importance of protecting the greater good, then you want to do it big time!

For negatives, this means two things. Either, construct specific negative cases or disadvantages that include impact stories that can be competitive with the affirmative case (Malthus, anyone?), or find evidence that explains why the affirmative cannot solve those particular impacts. This is crucial to winning

rounds on the negative because without being able to either outweigh the impact or sever the link to it, you are not going to do very well. The affirmative logically has more access to the biggest impacts on this topic, and without doing the proper work you are going to be facing an uphill battle as far as impacts go whenever your code is on the right side of the pairings.

### **Some Negative Arguments and Strategies**

#### **Research: *I Still Haven't Found What I'm Looking For***

Much like a vaccine is a preventative defense against disease, doing research is a preventative defense for winning rounds on the negative. There will be many debaters who write very specific affirmative cases (see above), and good negative debaters will be prepared to engage these cases on a substantive level. I guarantee that you will not be able to predict ever hyper-specific AC out there, but I also guarantee that some specific ACs will be run more than others. You will most likely encounter affirmative cases that advocate for vaccinations against such things as Human Papillomavirus (HPV), smallpox, anthrax, and other potential bioterrorist weapons, and—of course—SWINE FLU! Research these diseases and their vaccines, and be prepared to debate these on a substantive level.

As far as generalized, philosophical ACs go, research philosophy that talks about why individual autonomy trumps the greater good and so forth. Try to find stuff

that is uniquely applicable to this topic and uniquely responsive to the affirmative case. It will make your arguments such much more strategic and powerful, and will please your judge much more. As a judge, I don't want to listen to respond to an AC by reading your general "Util Bad" block that you wrote three years ago, and I think other judges would agree with me.

Most of all, put your research to good use. Write many negative cases that you can strategically deploy against specific affirmative cases. On a topic where the affirmative has an ocean of arguments to utilize, you don't want to be stuck with one case to respond to all of them. Speaking of which, let's focus on some possible negative positions. I have not included the autism argument in this list because that is a straight up lie and I hope that debaters don't even give that argument lip service on this topic.

### Religious Freedom: *In God's Country*

This argument is very simple and will likely be very common. It is wrong to require everyone to become vaccinated because it violates some people's religious beliefs. There are a number of religious groups out there including gypsies, Jehovah's witnesses, and the Amish, who oppose vaccines of all kinds, for various different reasons. The argument would be that people should not (or as a side constraint *cannot*) have their right to religious freedom impugned upon, and therefore compulsory immunization is not justified.

It is pretty easy to prove that respecting religious freedom is a side constraint on government, which means this negative position does have some merit. It will be extraordinarily common, however, and good debaters will have killer responses ready to go for the 1AR. Most likely, the 1AR responses will be to the top half of the case (er go, an attack on the idea that people's religious freedoms constitute an inviolable side constraint on government). Research and defend this well, and be prepared to debate it predominantly at the standards level.

### Vaccines: They Work in *Mysterious Ways*

This will likely be another common negative argument. Vaccines either don't work or mess with the body in some other fashion. This argument is not without merit. There is certainly some interesting literature out there about effects people experienced after being subjected to compulsory immunization programs. For example, the anthrax vaccine given to Gulf War soldiers in the early 90's caused a disease called Gulf War Syndrome (GWS) as well as other pretty unpleasant conditions including fibromyalgia and rheumatoid arthritis. There is also evidence out there that talks about how vaccines can sometimes cause a potentially fatal neurological disorder called Guillain-Barre Syndrome (GBS) (Glenn Beck Syndrome?), the symptoms of which include total body paralysis. Finally, there is evidence that proves that vaccines don't actually do all that they are supposed to do, and that people are often still subject to infectious diseases, despite the vaccination. These can be strategic positions to run on the negative in so far as

the validity of many affirmative cases will be contingent upon them winning the argument that vaccines actually accomplish their intended goal.

### Biopower: I Will Follow...

Biopower arguments will also likely be made on this topic. On the negative, the argument will be that when the government forces people to become immunized, it is exercising coercive control over individual's bodies (biopower). In a sense, compulsory immunization programs are just another part of the various ways in which the government controls our bodies in an effort to subjugate and manipulate us. This argument is fairly intuitive and, if impacted well, can be very compelling.

### Conclusion

Overall, I am please with the initial quality of this topic. There are a number of compelling arguments to be made here. As debaters, you should take the time to thoroughly research the ins-and-outs of this topic. Do both generalized and specific research on the benefits and drawbacks of mandatory vaccine use. This topic provides a good balance between the traditional philosophical arguments and the pragmatic, "real world" arguments that both have an equal place in this event. The best debaters on this topic will be able to effectively engage both.

I look forward to seeing some quality debates on this topic.

Happy Debating!

## **Topic Analysis by Dave McGinnis**

### **AFFIRMATIVE**

The stock aff has to prove a few things.

First, it has to prove that public health concerns have justificatory power. The aff can't be simply "compulsory immunization good." It has to prove that what *makes* compulsory immunization good is its impact on public health. This shouldn't be too hard – public health is simply the idea of preventing large-scale health concerns, such as disease outbreaks, and there is a very clear link between mandatory vaccination and public health. But still, be sure to make this link in the case.

Second, the aff has to justify compulsion. One common negative approach will be to argue that voluntary immunization is so common that compulsion isn't necessary. The aff will have to include analysis as to why voluntary immunization is insufficient.

The stock aff has both deontological (or means-based) ground and teleological (or ends-based) ground. The teleological aff is the simplest: vaccinations have saved untold millions of lives and caused the eradication of horrible diseases. In the past, seasonal outbreaks of diseases like polio and measles killed or maimed thousands of people a year just in the US. These kinds of conditions persist in other countries that lack the systematic vaccination requirements that exist in the

US. Reimportation of eradicated diseases is always a threat. There are stories in the lit about student groups going abroad and coming back with the unvaccinated members having contracted the measles, only to see a measles outbreak in a school or community.

So, why isn't voluntary vaccination sufficient?

One problem is that in the US, the diseases against which vaccinations are required are so rare now that public perception is that the risk of these diseases is quite low. At the same time, public fear of vaccination is on the upswing due to anti-vaccination groups' claims that vaccination causes a variety of problems and diseases (eg, autism). So the aff story is that without compulsory vaccination, the percentage of the population that is vaccinated will plummet, which will lead to reimportation events that will cause deaths. The "herd immunity" that results from widespread mandatory vaccination is something that needs to be maintained over time, so compulsory immunization is justified.

The deontological aff argument is potentially very powerful. Vaccination isn't 100% effective; it grants a high degree of resistance and, if wide enough in scale, can create "herd immunity" or "population immunity" that drastically reduces the chances of outbreaks. But, people who elect not to be vaccinated are arguably committing a deontological violation because (a) they are "free riding" on the herd immunity of the rest of the population – benefiting from the vaccination of others

without contributing to the collective protection against disease, and (b) they are imposing a threat on others in their school or community, because their lack of vaccination increases the likelihood of an outbreak. There is good evidence that outbreaks of disease are strongly associated with high percentages of opt-outs to vaccination, suggesting that my choice to forego vaccination imposes a risk on others around me. The argument is persuasive: an individual or parent may have the right to take a risk for him or herself, but they don't have the right to take a risk for others. Particularly since one group of non-vaccinated persons is very young children, it seems unreasonable that someone would elect to impose these kinds of risks on society.

There are three interpretive questions that will shape the affirmation on the topic.

They are:

1. The aff has to justify compulsory immunization *for whom?*
2. The aff has to justify compulsory immunization *against which diseases?*
3. The aff has to justify compulsory immunization *under what circumstances?*

IN the real world, compulsory immunization laws cover certain classes of people, against certain diseases, under certain circumstances. Common examples are:

(a) school children, against common childhood diseases such as measles, mumps, rubella, pertussis (whooping cough), and polio, upon entrance to

elementary school; (b) college students, against a similar set of common diseases, upon college entrance; or (c) international travelers, against various “exotic” diseases, prior to travel.

In each case, the compulsion is justified by a heightened risk of exposure and transmission of disease.

So, in the real world, compulsory immunization laws occur only under certain conditions. A common assumption in LD is that the affirmative has to affirm the “total” resolution, without modifiers or limitations. That doesn’t make sense on this topic, because, read literally with no modifiers, the resolution would require compulsory immunization for all people, against all possible diseases, at all times. That’s a hefty aff burden (although you should still expect negatives to argue that the aff must defend this.) Thus, the aff can probably reasonably specify a particular implementation of compulsory immunization. What’s going to be tricky about this is that affs can potentially abuse this specification to run cases that are hyper-specific.

I think the most common affirmatives are going to have evidence and arguments that are specific, usually to childhood immunization, but they are not going to acknowledge the specificity.

For those debaters who are going to specify, the most stock approaches to the aff are probably going to be childhood disease and bioterror, so let's talk about each of those for a minute.

i. Childhood disease

A variety of common childhood diseases have been more or less eradicated thanks to widespread vaccination. These diseases include things like measles, mumps, polio, pertussis, and rubella. Most states require immunization against some or all of these diseases prior to entry into elementary school.

ii. Bioterror

This is going to be a popular aff because it's a common argument in policy and because it's been in the news over the past several years, and because the potential impacts are so large that successfully winning this argument will outweigh a lot of negatives. The argument is simple on the face of it: terrorists or some other enemy agent might use some deadly, easily-spread disease as a weapon, potentially leading to mass death. Mass prophylactic vaccination can safeguard against these kinds of attacks.

Some problems with this approach:

First, what disease(s) is the aff going to vaccinate against? There are a few possibilities: (a) common bioterror agents (anthrax or smallpox), or (b) non-specific, possibly bio-engineered, diseases. Each of these has its own problems. If the aff decides to talk about anthrax or smallpox, there's excellent evidence that these are not effective bioterror agents, that they don't spread quickly enough to be effective, and that the vaccinations against these diseases are so risky that they are likely to cause more harm than good in the event of an attack. If, on the other hand, the aff decides to talk about non-specific or bio-engineered agents, then it's difficult for the aff to solve, because if we don't know what agent the enemy is going to use, we can't develop a vaccine against it. The aff story would have to be that we'd institute a mass-vaccination campaign *after* a biological attack. This assumes that we'd have the ability to create a vaccine against whatever bio-agent quickly enough to prevent the spread of the disease. There are cards that say this is possible, but there is also good negative evidence. If you're interested in this debate, I recommend you invade your team's policy files, or check out the NDCA's open evidence project.

## NEGATIVE

The most stock negative argument is simple deontology – the government doesn't have a right to interfere with the individual's right to elect or refuse medical treatments. Forcing someone to become vaccinated to avoid public health problems seems pretty clearly to be using someone as a means to an

end. Doing so against their will fails to treat them as an end in themselves. The aff argument that the individual doesn't have a right to impose risks on others has to be taken into account, because deontological standards wouldn't generally allow our freedom to extend to the point of harming others. This is a potentially interesting issue with regard to our level of responsibility under deontology. The transmission of disease is a natural process. The neg can argue that we don't have an obligation to take risks (vaccination) in order to prevent a natural process from proceeding. The affirmative arguing a deontological position would require the negative to take a positive action (vaccination) in order to prevent a possible harm in which they would only be a passive participant. Deontological logic suggests that we legitimately ought not harm others, but I think it's debatable whether simply refusing to be vaccinated constitutes a "harm."

Also, the aff deontological position depends on the notion that someone vaccinated against a disease can still catch it. If vaccines are 100% effective, then everyone who wants a vaccine can get it, and those who refuse vaccinations are taking risks only for themselves. The aff has to argue that a vaccine exemptor poses a threat to vaccinated others in order to win a link to deontological harm, which puts the aff in the position of refuting the effectiveness of vaccines. (One weakness in this approach is that very young children can't be vaccinated, so they are always at risk of infection. It could be argued that we don't have a right to impose the risk of re-importation of a disease on infants in our communities.)

The utilitarian negative argument is interesting. The best evidence suggests that vaccinations are vastly, vastly beneficial, and that the disadvantages of vaccination are massively outweighed. However, the history of compulsory vaccination has led to “anti-vaccination” movements and groups that are concerned about government interference in personal lives. And, medical decision-making is highly personal. As a result, there is a lot of evidence available – most of it highly questionable, but persuasively written – that suggests that vaccinations are actually very dangerous. Some anti-vaccination authors assert (usually without strong evidence) that vaccinations don’t work – that the eradication of communicable diseases is attributable to better hygiene and sanitation, not to vaccines – and some even assert that vaccinations *cause* a variety of diseases, among them (most famously), autism. There are even doctors who write in support of these positions. That may seem surprising, but remember, there are also doctors who defend the position that HIV doesn’t cause AIDS. The world is big enough to accommodate a lot of bad ideas.

The point is, many negatives will card this evidence. It seems like good evidence because the cards are often “explosive” – they use vivid images, make strong assertions without hedges or qualifiers, and they appeal to common fears. Expect to see this evidence, and make sure you have well-prepared counter-evidence on the aff. I don’t recommend the use of these authors because their arguments seem to be pretty broadly fallacious – they aren’t based on serious

studies, they contain logical leaps, and they depend on conspiracy theories for credibility. For example, one common argument used by the anti-vaccination crowd to respond to the landslide of medical research that supports vaccination is the assertion that the doctors are “in league” with the companies that manufacture vaccines to suppress the “true” evidence that vaccines are actually horrible poisons.

That isn't to say that there isn't good evidence about the risks of vaccines, and this can form the basis of a reasonable neg position. Some vaccines use chemical compounds, including aluminum and mercury, that are linked to health risks. Some people are allergic to vaccines. Attenuated-virus vaccines (that use live but weakened strains of a virus) carry the risk that the vaccinee will actually catch the disease. Given these risks, it is reasonable that a person should be free to choose for him or herself whether they want to be vaccinated.

There are some “pickier” negative approaches that might make for reasonable challenges to the affirmative.

First, most affirmative arguments – deontological or utilitarian – presume that the individual to be coerced occupies a fairly normal position in society – that is, that they are in contact with others throughout the day as they go to work, shop, go out to eat, associate with friends, etc. These arguments don't apply to everyone. Expect to see the “What About Hermits” NC at some point. (Of course, the

“What About Hermits” NC doesn’t make much sense if the affirmative is specifying a vaccination scenario such as elementary school students or college students.)

Second, the aff has a bifurcated burden on this topic. They can’t simply prove “vaccination good” – they have to prove that *public health concerns* justify compulsory vaccination. The negative could attack the concept of public health concerns as a justification, or critique the concept of public health. Or, a less-interesting form of the argument might be that some other overriding concern justifies compulsory vaccination, rather than public health. A poorly-considered affirmative can play into this. For example, if the aff is focused heavily on individual rights, they are arguably failing to fulfill their burden, because “public health concerns” and “individual rights” are not the same thing. For example, imagine an affirmative whose central thesis was that parents ought not have the right to deny vaccinations to their children based on their religious preferences. This focus on the claim of the individual child to prophylactic health care is an individual rights claim; it is not aff ground. A negative who calls into question the legitimacy of public health systems as overbearing uses of state authority could argue that individual rights claims solve for the aff.

Third, the negative can argue that voluntary vaccination solves. This seems perfectly reasonable to me. The affirmative has a burden to demonstrate that, given the severity of the diseases involved in compulsory vaccination campaigns,

a sufficient percentage of the population will not elect to be vaccinated absent coercion. I've read a few articles addressing the problem of "anti-vaccination" groups that suggest that the best solution to under-vaccination in a community is a public information campaign. Doctors who advise their patients honestly about the risks and benefits of vaccines, without the threat of state compulsion, can solve for the majority of vaccine exemptors without the problems associated with government coercion. I expect this "persuasion counterplan" to be common.

## SOME PICKY (BUT IMPORTANT) ISSUES

### Exemptions

There are three common types of exemptions to compulsory vaccination: (1) medical exemption, (2) religious exemption, and (3) "philosophical" exemption.

Medical exemptions occur when someone has a condition that "contraindicates" vaccination – in other words, while the benefits of vaccination generally vastly outweigh the risks, there are some people who have conditions such that vaccination poses a much higher risk. These groups include people with suppressed immune systems, very young children, and people with certain allergies. (The medical exemption may only apply to certain vaccines or to certain kinds of vaccines.)

Religious exemptions are simpler. Some religions reject some or all forms of medical care. One problem with religious exemptions is it's difficult to establish them objectively. If someone just doesn't want a vaccination, and in order to avoid the mandatory shot they claim to be a Christian scientist, how do you prove that they're not? This sometimes puts states in the position of having to investigate the validity of religious beliefs, which has obvious problems.

Philosophical exemptions allow people to reject vaccinations basically because they don't want to get one. A state that has "compulsory" vaccination, but that allows philosophical exemptions, basically has no compulsory system, because anyone who wants to be exempted from vaccination can be.

The big question is, which kinds of exemptions are aff and neg ground? On the one hand, it seems unreasonable to require the aff to defend vaccinating people who have medical exemptions, because for those people, vaccination can be anything from very risky to a death sentence. The negative shouldn't be able to win simply by dejustifying mandatory vaccination in these cases.

On the other hand, if philosophical exemptions are affirmative ground, then the affirmative probably has too much leeway. Many negative objections could be swept aside if the affirmative could simply say, "Those people/groups can simply claim a philosophical exemption." (Of course, the aff that tries to claim

philosophical exemptions as aff ground also risks solvency if they're running a teleological position.)

The exemption issue has presents a huge possibility of muddling the debate. The well-prepared debater will know what their position is with regard to these issues and be prepared to defend that position. You can expect some negatives to argue that the affirmative has to justify universal vaccination. That would mean that any exemption – even a medical exemption – is legitimate neg ground. If this is the interpretation, it'll be hard to affirm because the neg can grant the legitimacy of 99.9% of compulsory vaccination, co-opting pretty much all aff benefits.

## SOME NON-STOCK ISSUES

Public health positions probably link hard into some non-stock, post-structuralist positions. The intersection of medical science and state coercion just begs for critical positions. The existence of a government public health infrastructure provides a realistic link into biopower positions that might appear to be a stretch on other topics. I am not the expert in this area (ask anyone) but anyone who expects to make it to late elims at Apple Valley, Glenbrooks or any of the other major nationals on this topic should prepare to counter these kinds of positions.

## SUPERBUGS?

The first thing my wife thought of when we were discussing the neg was the concept of the “superbug.” A superbug is a bacterium that has developed resistance to antibiotics as a result of evolutionary pressure from antibiotics, particularly wide-spectrum antibiotics. Antibiotic resistance does not result from vaccines.

## **Affirmative Evidence**

### **Definitional Analysis**

#### **Mandatory immunization programs can include exemptions for religious or medical reasons.**

Angie A. Welborn, Legislative Attorney. Mandatory Vaccinations: Precedent and Current Laws. American Law Division. CRS Report for Congress. January 2005. <http://www.fas.org/sqp/crs/RS21414.pdf>

State laws mandating vaccinations for children are very common. Every state has a law requiring children to be vaccinated before they enroll in a public or private school. Early statutes required vaccination against smallpox and were amended as new vaccines were introduced.<sup>10</sup> Many modern school vaccination laws are the result of measles outbreaks in the 1960's and 1970's.<sup>11</sup> Generally, states use the Centers for Disease Control and Prevention's schedule of immunizations as a guide, and require children to be vaccinated against a number of diseases on the schedule, including diphtheria, measles, rubella, and polio.<sup>12</sup> Despite the wide-spread imposition of school vaccination requirements, many states provide exemptions for medical, religious, and, to a lesser extent, philosophical reasons. These provisions vary by state, with medical exemptions for children who may suffer adverse effects from the vaccine being the most common

**Mandatory vaccination statutes also give states the power to demand vaccination during public health emergencies.**

Angie A. Welborn, Legislative Attorney. Mandatory Vaccinations: Precedent and Current Laws. American Law Division. CRS Report for Congress. January 2005. <http://www.fas.org/sqp/crs/RS21414.pdf>

Many states also have laws providing for mandatory vaccinations during a public health emergency or outbreak of a communicable disease. Generally, the power to order such actions rests with the governor of the state, the state board of health, or the state health officer. For example, in Hawaii, the Governor has the power to supplement the state's existing compulsory vaccination programs and institute additional programs in the event of a civil defense emergency period.<sup>18</sup> Arizona also authorizes the Governor, during a state of emergency or state of war emergency in which there is an occurrence or the imminent threat of smallpox or other highly contagious and highly fatal disease, "to issue orders that mandate treatment or vaccination of persons who are diagnosed with illness resulting from exposure or who are reasonably believed to have been exposed or who may reasonably be expected to be exposed."<sup>19</sup>

## **Bioterror**

### **CV is necessary to fight bioterrorism**

Tom Jefferson. 2004. Bioterrorism and Compulsory Vaccination. BJM Publishing Group. <http://www.bmj.com/cgi/content/full/329/7465/524>

Taken at face value the use of vaccines to prevent the effects of serious infections caused by a terrorist attack appears a sensible policy. In 1997 the United States Department of Defense initiated the compulsory anthrax vaccine immunisation programme to immunise 2.4m military personnel.<sup>1</sup> In December 2002 a similar programme, also involving civilians, was started against smallpox. In the first five and half months the Department of Defense administered 450 293 doses of smallpox vaccine.<sup>2</sup> United States military personnel engaged in military operations in Iraq are immunised against smallpox and anthrax. As in any vaccination campaign, the incidence of the target disease and the characteristics of available vaccines are two key elements in decision making.

**The risk of biological warfare is real**

Immunization against Potential Biological Warfare Agents Author(s): Theodore J. Cieslak, George W. Christopher, Mark G. Kortepeter, John R. Rowe, Julie A. Pavlin, Randall C. Culpepper, Edward M. Eitzen, Jr. Source: Clinical Infectious Diseases, Vol. 30, No. 6 (Jun., 2000), pp. 843-850 Published by: The University of Chicago Press

The possible use of biological agents as weapons of warfare or vehicles for terrorism has generated considerable recent interest in both the lay [1, 2] and scientific [3-6] press. Public awareness of the threat posed by biological agents adapted for sinister purposes has been highlighted by movies such as Out-break, by popular books such as The Cobra Event and The Eleventh Plague, and by myriad press accounts of the activities of groups such as the Aum Shinrikyo cult in Japan. The latter, for example, gained notoriety by releasing nerve agent in the Tokyo subway system but also possessed and experimented with anthrax spores and botulinum toxin [7]. With this increasing awareness has come a growing attempt to defend against the possibility of biological warfare and terrorism. Military units and civilian law-enforcement agencies have begun to train crisis-response teams to prepare for bio-logical contingencies. The possibility of an attack with biological agents is now often included in "war-gaming" exercises and counter-terrorism planning that are conducted by agencies such as the Department of Defense (DoD), Centers for Disease Control and Prevention (CDC), Federal Emergency Management Agency (FEMA), Federal Bureau of Investigation (FBI), and others.

**Alternative solutions cannot solve for the risk of biological warfare**

Immunization against Potential Biological Warfare Agents Author(s): Theodore J. Cieslak, George W. Christopher, Mark G. Kortepeter, John R. Rowe, Julie A. Pavlin, Randall C. Culpepper, Edward M. Eitzen, Jr. Source: Clinical Infectious Diseases, Vol. 30, No. 6 (Jun., 2000), pp. 843-850 Published by: The University of Chicago Press

Despite these efforts and our best diplomatic measures, however, the risk that biological agents will be used in warfare or terrorism appears to remain quite high. Reasons for this include the relatively low degree of technological sophistication and expense required to produce a biological weapon compared to those of other weapons of mass destruction, such as chemical and nuclear arms. With this in mind, it seems improbable that increased awareness, sophisticated surveillance, and rapid crisis response will fully prevent all attempts at biological aggression. Therefore, one of the best defenses, especially in a military context, will probably continue to be vaccines, and this requires the development of new and improved vaccines and treatments against the relatively small hand full of viable biological warfare agents. Although civilian planners are unlikely, in the near future, to employ such vaccines prospectively, they may, in some cases, consider vaccination in a consequence management context following a biological terrorist assault on civilians. For example, both anthrax and smallpox (vaccinia) vaccines are accepted components of post exposure prophylaxis for these diseases.

**Anthrax would be a devastating biological weapon**

Immunization against Potential Biological Warfare Agents Author(s): Theodore J. Cieslak, George W. Christopher, Mark G. Kortepeter, John R. Rowe, Julie A. Pavlin, Randall C. Culpepper, Edward M. Eitzen, Jr. Source: Clinical Infectious Diseases, Vol. 30, No. 6 (Jun., 2000), pp. 843-850 Published by: The University of Chicago Press

Anthrax. One of the few encouraging aspects of the daunting task of biowarfare defense is that few agents possess characteristics suitable for effective large-scale employment. No agent, however, has properties as ideal as those of *Bacillus anthracis*. Its ubiquitous presence in soil and the simplicity of culturing it make anthrax readily available to armies and to terrorists. And its lethality, its ability to form resilient spores, and its capacity for aerosolization combine to make anthrax one of our greatest biological threats. Anthrax was preeminent in the arsenals of Iraq and the former Soviet Union; the Aum Shinrikyo cult also stockpiled it. The World Health Organization (WHO) [8] estimates that the release of 50 kg of anthrax spores along a 2-km line upwind of a city of 500,000 people would produce 125,000 infections and 95,000 deaths, far more than with any other agent considered. Not surprisingly, are search programs at military laboratories have devoted considerable effort to improving on the anthrax vaccines that have been in use for many decades.

**Plague is a possible biological weapon**

Immunization against Potential Biological Warfare Agents Author(s): Theodore J. Cieslak, George W. Christopher, Mark G. Kortepeter, John R. Rowe, Julie A. Pavlin, Randall C. Culpepper, Edward M. Eitzen, Jr. Source: Clinical Infectious Diseases, Vol. 30, No. 6 (Jun., 2000), pp. 843-850 Published by: The University of Chicago Press

Plague. One of the earliest recorded attempts at biological warfare was the effort of besieging Tatar warriors to catapult the corpses of their own plague victims over the city walls of Kaffa in the Crimea in order to initiate an epidemic within the city [21]. The Japanese studied plague extensively as a potential biological weapon before and during World War II. In their "experiments," millions of infected fleas were released over Manchurian cities, resulting in numerous human plague cases [22].

**Plague vaccine has empirically proven to be highly effective**

Immunization against Potential Biological Warfare Agents Author(s): Theodore J. Cieslak, George W. Christopher, Mark G. Kortepeter, John R. Rowe, Julie A. Pavlin, Randall C. Culpepper, Edward M. Eitzen, Jr. Source: Clinical Infectious Diseases, Vol. 30, No. 6 (Jun., 2000), pp. 843-850 Published by: The University of Chicago Press

During the Vietnam War, plague vaccine was routinely administered to members of the US armed services, and only 8 cases of plague were reported amongst his population[ 25], which corresponds to a rate of ~1 case per million person-years of exposure. The success of this vaccine is evident when compared with the 330-fold greater incidence of plague among the un-vaccinated South Vietnamese civilian population[ 26],and when compared with the relatively high incidence among U S troops of murinetyphus, another disease transmitted in Vietnam by the same vector, *X enopsylla cheopis*[ 27].

**Small pox could be unleashed as a biological weapon**

Immunization against Potential Biological Warfare Agents Author(s): Theodore J. Cieslak, George W. Christopher, Mark G. Kortepeter, John R. Rowe, Julie A. Pavlin, Randall C. Culpepper, Edward M. Eitzen, Jr. Source: Clinical Infectious Diseases, Vol. 30, No. 6 (Jun., 2000), pp. 843-850 Published by: The University of Chicago Press

Smallpox. Although endemic smallpox was eradicated throughout the world in 1977, the virus remains a potential biological weapon in the eyes of many military planners. Concerns persist that clandestine stocks of virus may exist outside of CDC in Atlanta, Georgia, and Koltsovo in Russia, the 2 WHO-authorized repositories of the virus. Moreover, the possibility exists that other orthopox viruses might be genetically manipulated to produce virulent organisms similar to variola.

**Vaccines are necessary for military personnel as well as civilians in some contexts**

Immunization against Potential Biological Warfare Agents Author(s): Theodore J. Cieslak, George W. Christopher, Mark G. Kortepeter, John R. Rowe, Julie A. Pavlin, Randall C. Culpepper, Edward M. Eitzen, Jr. Source: Clinical Infectious Diseases, Vol. 30, No. 6 (Jun., 2000), pp. 843-850 Published by: The University of Chicago Press

The DoD tasks USAMRIID with "conducting research to develop strategies, products, information, procedures, and training for medical defense against biological warfare agents." Vaccines are a critical component of these defense strategies as they apply to uniformed military personnel. Licensed vaccines exist against anthrax, smallpox, and plague. In addition, IND products are administered at USAMRIID to protect at-risk laboratory personnel against tularemia, Q fever, VEE, and botulism, and against diseases such as Eastern and Western Equine Encephalitis, Rift Valley Fever, and others. Recently, the DoD has embarked upon an anthrax immunization campaign throughout the armed forces, and it is quite conceivable that other anti-biological warfare vaccines will eventually be employed to protect soldiers, sailors, airmen, and marines. Finally, vaccines against other biological agents, as well as improved vaccines against agents listed above, are in various stages of research and development. In a civilian context, use of these vaccines is more problematic, because the nature of the threat is less well defined. Nonetheless, certain vaccines, such as anthrax and smallpox, may have applicability in the post exposure prophylaxis and management of exposed civilian populations.

**Biological weapons may become the weapon of choice for international terrorist groups in the future.**

Greg Reeson—M.S. International Relations. Mandatory Vaccination: The Legality of the Order to Immunize the U.S. Military Against Anthrax Disease Associated Content. July 3, 2006. Page 4.

[http://www.associatedcontent.com/article/41422/mandatory\\_vaccination\\_the\\_legality\\_pg4.html?cat=37](http://www.associatedcontent.com/article/41422/mandatory_vaccination_the_legality_pg4.html?cat=37)

Increasingly, experts fear that chemical and biological weapons may become the preferred weapons of international terrorist groups (Taylor & Taylor, 1992, p. 91). Senator Bill Frist offers several reasons for terrorist groups to choose biological agents over other methods of attack. First, it is very difficult to trace a biological agent back to its source. Second, neither sophisticated knowledge nor significant resources are required to launch a bioterrorist attack, and the materials are relatively easy to acquire. Third, a substantial biological arsenal could be developed in a fifteen-foot-square room with only \$10,000 worth of equipment (Frist, 2002, p. 25). Additionally, bioterrorism may be embraced by terrorist groups because of what these types of weapons can accomplish. The main goal of terrorism is to intimidate and sow fear, which is exactly what happens with biological weapons. Terrorists are driven by deep-rooted beliefs and there is no limit to the level of violence that they are willing to commit in the pursuit of their goals. Biological weapons are merely one more method for terrorists to use to inflict massive casualties and cause fear and intimidation.

**Nations may also resort to using biological weapons in the future.**

Greg Reeson—M.S. International Relations. Mandatory Vaccination: The Legality of the Order to Immunize the U.S. Military Against Anthrax Disease Associated Content. July 3, 2006. Page 4.

[http://www.associatedcontent.com/article/41422/mandatory\\_vaccination\\_the\\_legality\\_pg4.html?cat=37](http://www.associatedcontent.com/article/41422/mandatory_vaccination_the_legality_pg4.html?cat=37)

According to Randall Katz, at least ten nations, including the People's Republic of China, Iran, Iraq, Israel, Libya, North Korea, South Korea, Syria, Taiwan, and Russia, are developing an offensive capability for anthrax use as a biological weapon (Katz, 2001). These countries realize that chemical and biological weapons are cheap, easy to produce and hide, hard to trace, and capable of causing massive destruction and significant loss of life. Therefore, chemical and biological weapons serve as a credible substitute for nuclear weapons and these countries are developing significant stockpiles, delivery systems, and production facilities.

**Bioterrorism is the most challenging of all terrorist threats.**

Donald A. Henderson—Johns Hopkins Center for Civilian Biodefense Studies, Johns Hopkins School of Public Health. The Looming Threat of Bioterrorism. Volume 283, Number 5406 Issue of 26 Feb 1999, pp. 1279 – 1282. ©1999 by The American Association for the Advancement of Science.

Of the weapons of mass destruction (nuclear, chemical, and biological), the biological ones are the most greatly feared (4), but the country is least well prepared to deal with them. Virtually all federal efforts in strategic planning and training have so far been directed toward crisis management after a chemical release or an explosion. Should such an event occur, fire, police, and emergency rescue workers would proceed to the scene and, with the FBI assuming lead responsibility, stabilize the situation, deal with casualties, decontaminate, and collect evidence for identification of a perpetrator. This exercise is not unfamiliar. Spills of hazardous materials, explosions, fires, and other civil emergencies are not uncommon events. The expected scenario after release of an aerosol cloud of a biological agent is entirely different (Table 1). The release could be silent and would almost certainly be undetected. The cloud would be invisible, odorless, and tasteless. It would behave much like a gas in penetrating interior areas. No one would know until days or weeks later that anyone had been infected (depending on the microbe). Then patients would begin appearing in emergency rooms and physicians' offices with symptoms of a strange disease that few physicians had ever seen. Special measures would be needed for patient care and hospitalization, obtaining laboratory confirmation regarding the identity of microbes unknown to most laboratories, providing vaccine or antibiotics to large portions of the population, and identifying and possibly quarantining patients. Trained epidemiologists would be needed to identify where and when infection had occurred, so as to identify how and by whom it may have been spread. Public health administrators would be challenged to undertake emergency management of a problem alien to their experience and in a public environment where pestilential disease, let alone in epidemic form, has been unknown.

**Updated vaccinations against anthrax and smallpox must be part of a widespread preparation against bioterrorism.**

Donald A. Henderson—Johns Hopkins Center for Civilian Biodefense Studies, Johns Hopkins School of Public Health. The Looming Threat of Bioterrorism. Volume 283, Number 5406 Issue of 26 Feb 1999, pp. 1279 – 1282. ©1999 by The American Association for the Advancement of Science.

An augmented full-time cadre of professionals at the state and local level would represent, for biological weapons, a counterpart to the National Guard Rapid Assessment and Initial Detection Teams for chemical weapons. Rather than being on a standby basis, however, the biological cadre would also serve to strengthen efforts directed toward dealing with new and emerging infections and food-borne diseases. Developing these experts, however, requires a considerable training effort, given the variety of specialists that are needed for preparation and response. First, there is a need to train primary care doctors in early recognition of the most important disease threats and to intensify the training of emergency room physicians and nurses. Infectious disease specialists and hospital epidemiologists must also become versed in case recognition and in steps to take if a suspicious case is detected. There is a need to train laboratory directors and key staff in laboratories with designated responsibilities for lab diagnosis. Moreover, state and local health officers and epidemiologists require training in, among other things, detection, surveillance, and management of epidemic disease. National Institutes of Health- and CDC-administered research agendas are needed to attract both university and private sector talents to address a host of constraints and problems. Among the most critical needs now are improved vaccines, available in large supply, for both smallpox and anthrax. Areas for vaccine improvement include increasing overall efficacy; in the case of smallpox, reducing complications and in the case of anthrax, reducing the number of inoculations. Feasibility studies suggest that substantially improved second-generation vaccines can be developed quickly.

**A smallpox attack would require immediate and widespread immunization because virtually everyone is susceptible to it.**

Donald A. Henderson—Johns Hopkins Center for Civilian Biodefense Studies, Johns Hopkins School of Public Health. The Looming Threat of Bioterrorism. Volume 283, Number 5406 Issue of 26 Feb 1999, pp. 1279 – 1282. ©1999 by The American Association for the Advancement of Science.

Smallpox poses an unusually serious threat; in part, because virtually everyone is now susceptible, vaccination having stopped worldwide 20 or more years ago as a result of the eradication of the disease. Because of waning immunity, it is probable that no more than 20% of the population is protected. Among the unprotected, case fatality rates after infection with smallpox are 30%. There is no treatment. Virus, in aerosol form, can survive for 24 hours or more and is highly infectious even at low dosages (23). An outbreak in which as few as 100 people were infected would quickly tax the resources of any community. There would be both actual cases and people with a fever and rash for whom the diagnosis was uncertain. In all, 200 or more patients would probably have to be treated in the first wave of cases. Most of the patients would be extremely ill with severe aching pains and high fever and would normally be hospitalized. Hospitalization poses problems, however. Because of the risk of widespread transmission of the virus, patients would have to be confined to rooms under negative pressure that were equipped with special filters to prevent the escape of the virus. Hospitals have few rooms so ventilated; there would, for example, probably be less than 100 in the Washington, D.C., metropolitan area. A vaccination program would have to be undertaken rapidly to protect as many as possible of those who had been in contact with the patients. Vaccination given within 3 to 4 days after exposure can protect most people against a fatal outcome and may prevent the disease entirely.

**It would be difficult, if not impossible, to respond adequately after a smallpox outbreak has begun.**

Donald A. Henderson—Johns Hopkins Center for Civilian Biodefense Studies, Johns Hopkins School of Public Health. The Looming Threat of Bioterrorism. Volume 283, Number 5406 Issue of 26 Feb 1999, pp. 1279 – 1282. ©1999 by The American Association for the Advancement of Science.

It is unlikely, however, that smallpox would be diagnosed early enough and vaccination programs launched rapidly enough to prevent infection of many of the people exposed during the first wave. Few physicians have ever seen smallpox and few, if any, have ever received training in its diagnosis. Moreover, mounting a vaccination campaign requires time unless there has been advance planning, and no city has yet done such planning. The human immunodeficiency virus epidemic and the more general issue of vaccine complications among immunosuppressed populations introduce added complexity to decision-making regarding smallpox vaccination administration. A second wave of cases would be almost inevitable. From experiences with smallpox imported into Europe over the past 40 years, it is estimated that there would be at least 10 secondary cases for every case in the first wave (21), or 1000 cases in all, appearing some 14 days after the first wave. Vaccination would initially be needed for health workers, essential service personnel, and contacts of patients at home and at work. With mounting numbers of cases, contacts, and involved areas, mass vaccination would soon be the only practical approach. That would not be possible, however, because present vaccine supplies are too limited, there being approximately 5 to 7 million doses currently available. To put this number in perspective, in New York City in 1947, 6 million people were vaccinated over approximately 1 week in response to a total of eight cases of smallpox. Moreover, there are no longer any manufacturers of smallpox vaccine. Best estimates indicate that substantial additional supplies could not be ensured sooner than 36 months from the initial outbreak.

**Smallpox is an especially serious threat because of its high fatality rate and high transmissibility.**

Veronique de Rugy and Charles V. Peña—Cato Institute. [Responding to the Threat of Smallpox Bioterrorism: An Ounce of Prevention Is Best Approach.](#)  
Policy Analysis: No. 434 April 18, 2002.

Smallpox is an especially serious threat because of its high case-fatality rate (30 percent or more of unvaccinated persons)<sup>21</sup> and transmissibility (it spreads easily via inhalation of droplets or direct contact with contaminated objects such as clothing or bed linens).<sup>22</sup> There is also no known effective treatment for smallpox.<sup>23</sup> Smallpox has long been feared as the most devastating of all infectious diseases (before its supposed eradication from the world in 1978, smallpox had killed more people than any other infectious disease in human history),<sup>24</sup> and its potential for devastation is far greater today since there has been no routine vaccination in the United States for more than 25 years.<sup>25</sup> Therefore, in a highly susceptible and mobile population, smallpox would be able to spread widely and rapidly. The smallpox virus is also easy to disperse. It is one of the smallest living organisms and can be easily prepared as an aerosol and released into the air in a crowded place such as a shopping mall or a sports stadium. Or a suicide terrorist with the virus could infect passersby simply by coughing and sneezing, which can release millions of virus particles into the air

**Models predict that without vaccination, a smallpox epidemic would have disastrous effects.**

Veronique de Rugy and Charles V. Peña—Cato Institute. [Responding to the Threat of Smallpox Bioterrorism: An Ounce of Prevention Is Best Approach.](#)

Policy Analysis: No. 434 April 18, 2002.

One example of the magnitude of the consequences of a potential bioterrorist attack with smallpox is the Dark Winter exercise conducted in June 2001.<sup>27</sup> Dark Winter was a fictional scenario depicting a terrorist attack using smallpox released via aerosol at three shopping malls in Oklahoma, Georgia, and Pennsylvania. On day 1 of the crisis (nine days after initial exposure), all that was known was that some two dozen people reported to hospitals in Oklahoma City (there were no similar signs of potential outbreak in Georgia and Pennsylvania where the dispersion was not as effective but nonetheless resulted in infected people) with flulike symptoms of a strange illness, which was later confirmed by the Centers for Disease Control as smallpox. Assuming that each case was expected to infect at least 10 other people,<sup>28</sup> on day 6 of the crisis there were 2,000 known cases of smallpox and 300 deaths. Due to limited amounts (12 million doses) on hand, the reserve of smallpox vaccine was effectively used up on day 6. By day 12 of the crisis, there were 3,000 cases and 1,000 dead in 25 states. With no vaccine, the smallpox virus was projected to explode as follows:

- After 3 weeks: 30,000 cases and 10,000 dead
- After 5 weeks: 300,000 cases and 100,000 dead
- After 7 weeks: 3 million cases and 1 million dead

It is important to emphasize that the purpose of the Dark Winter exercise was not to make the case that smallpox is the weapon most likely to be used in a bioterrorist attack (it is impossible to make such predictions). However, the Dark Winter exercise did demonstrate that the use of a contagious pathogen as a weapon of bioterrorism can have devastating and far-reaching effects.

**Ring containment would not be a sufficient response to a smallpox bioterrorist attack. Widespread vaccination is necessary.**

Veronique de Rugy and Charles V. Peña—Cato Institute. [Responding to the Threat of Smallpox Bioterrorism: An Ounce of Prevention Is Best Approach.](#)  
Policy Analysis: No. 434 April 18, 2002.

A ring containment strategy is a valid approach for responding to a natural outbreak of smallpox in an unvaccinated population, because smallpox as a natural disease has been eradicated and a natural outbreak would likely be isolated. Public health authorities would have a very good idea about the potential point source of the outbreak and could thus implement a ring containment strategy to stop the spread of smallpox. However, a ring containment strategy is much less likely to be successful against a threat of bioterrorist attack with smallpox. Unlike a natural outbreak, which is likely to be an isolated incident with an identifiable point source, a terrorist attack might have multiple sources, not all of which would be immediately and easily known. In fact, a terrorist attack may not be initially recognized as such. The Dark Winter exercise demonstrated that the available information initially led public health officials to believe that they were dealing with an outbreak of smallpox in Oklahoma. The officials responded in the traditional manner: they focused on the point source of Oklahoma City as if they were dealing with an isolated incident and a natural outbreak. But the terrorists in this exercise had also dispersed the smallpox virus in two other cities (but less successfully, so that not as many people were initially infected), and by the time that was discovered, it was too late—the smallpox virus had spread past the point where a ring containment strategy could effectively control it. Moreover, because the first symptoms of smallpox resemble those of the flu, public health officials did not immediately diagnose the first cases as smallpox, and the virus had spread extensively before it was confirmed as smallpox.

**Aerosolized anthrax is easy to produce and could cause massive loss of human life.**

Greg Reeson—M.S. International Relations. Mandatory Vaccination: The Legality of the Order to Immunize the U.S. Military Against Anthrax Disease Associated

Content. July 3, 2006. Page 3.

[http://www.associatedcontent.com/article/41422/mandatory\\_vaccination\\_the\\_legality\\_pg3.html?cat=37](http://www.associatedcontent.com/article/41422/mandatory_vaccination_the_legality_pg3.html?cat=37)

Because it is so deadly and can be produced so easily, aerosolized anthrax poses the greatest threat of all known biological warfare agents. Anthrax spores remain stable for very long periods, as was demonstrated by British experiments during World War II that left Gruinard Island uninhabitable for forty years ([www.anthrax.osd.mil](http://www.anthrax.osd.mil)). The fact that aerosolized anthrax has the potential to cause massive casualties to American military forces is demonstrated in several studies conducted to estimate the casualties that would result from an anthrax attack. According to the Journal of the American Medical Association, the World Health Organization in 1970 estimated that 50 kilograms of *Bacillus anthracis* released over an urban population of five million would cause 250,000 people to become sick and 100,000 people to die (Anthrax as a Biological Weapon, 2002, p. 2238). Ken Alibek, a former biological warfare expert in the former Soviet Union, estimated that 100 kilograms of anthrax spores would, in optimal atmospheric conditions, cause up to three million fatalities in any of the densely populated metropolitan areas of the United States (Alibek, 1999, p. 8). Finally, a 1993 report by the United States Congressional Office of Technology Assessment estimated that 130,000 to 3 million deaths could result from the aerosolized release of 100 kilograms of anthrax spores upwind of Washington, D.C. (AVIP: Information about..., 2002, p. 3).

**In Soviet Russia, anthrax kill you!**

Greg Reeson—M.S. International Relations. Mandatory Vaccination: The Legality of the Order to Immunize the U.S. Military Against Anthrax Disease Associated Content. July 3, 2006. Page 4.

[http://www.associatedcontent.com/article/41422/mandatory\\_vaccination\\_the\\_legality\\_pg4.html?cat=37](http://www.associatedcontent.com/article/41422/mandatory_vaccination_the_legality_pg4.html?cat=37)

In 1992, Russian President Boris Yeltsin acknowledged that the former Soviet Union had an extensive biological weapons program (www.anthrax.osd.mil). Aerosol technologies had been developed and tested and anthrax and smallpox weaponization were far along in the development process. With the collapse of the Soviet Union in the early 1990s, an unknown number of Soviet scientists with vast biological warfare expertise and knowledge were suddenly unemployed and available to whoever would be willing to pay for their services. The anthrax threat is underscored by the fact that Soviet defectors revealed that anthrax had been loaded into missiles, bombs, and artillery shells and would have been used in the event of war in Europe (www.anthrax.osd.mil). The lethality of weaponized anthrax was illustrated in 1979 in Sverdlovsk in the former Soviet Union. The accidental aerosolized release of anthrax spores from a military microbiology facility caused an unknown number of anthrax infections and fatalities. Ken Alibek called the accident at Sverdlovsk "...the worst single outbreak of inhalational anthrax on record this century" (Alibek, 1999, p. 75).

**Anthrax is a tremendous concern, given its long incubation period, high fatality rate, and relatively innocuous initial symptoms.**

Donald A. Henderson—Johns Hopkins Center for Civilian Biodefense Studies, Johns Hopkins School of Public Health. The Looming Threat of Bioterrorism. Volume 283, Number 5406 Issue of 26 Feb 1999, pp. 1279 – 1282. ©1999 by The American Association for the Advancement of Science.

A scenario for an inhalation anthrax epidemic is of no less concern. Like smallpox, the aerosol would almost certainly be unobtrusively released and would drift throughout a building or even a city without being noticed. After 2 to 3 days, infected individuals would appear in emergency rooms and doctors' offices with a variety of nonspecific symptoms such as fever, cough, and headache. Within a day or two, patients would become critically ill and then die within 24 to 72 hours. It is doubtful that antibiotic therapy given after symptoms develop would be of benefit. The case fatality rate is 80% or greater. Although anthrax does not spread from person to person, it has another dangerous attribute. Individuals who are exposed to an aerosol may abruptly develop illness up to 8 weeks after the initial exposure. Cases can be prevented by the administration of antibiotics, but such treatment would have to be continued daily for at least 60 days. This period might be shortened by the prompt administration of vaccine. Experimental studies suggest that two doses of vaccine given 15 days apart may provide protection beginning 30 days after the initial inoculation. At this time, however, there is no vaccine available for civilian use; building of stockpiles of antibiotics is still in the planning stage, and no city at present has a plan for distributing antibiotics so as to ensure that drugs are given over a 60-day period

**Mandatory vaccinations for military personnel are beneficial.**

Greg Reeson—M.S. International Relations. Mandatory Vaccination: The Legality of the Order to Immunize the U.S. Military Against Anthrax Disease Associated

Content. July 3, 2006. Page 6.

[http://www.associatedcontent.com/article/41422/mandatory\\_vaccination\\_the\\_legality\\_pg6.html?cat=37](http://www.associatedcontent.com/article/41422/mandatory_vaccination_the_legality_pg6.html?cat=37)

Vaccines are among the most important accomplishments in the history of medicine. They work by stimulating the immune system to produce antibodies, buying valuable time for the body to prepare defenses against germs. They offer a layer of protection that antibiotics alone cannot provide. At the beginning of the twentieth century, smallpox, diphtheria, and measles were among the leading causes of death in the United States. Thanks to the development of vaccines to battle these diseases, they are no longer a serious threat to the health of American citizens. The United States military needs healthy troops to complete their assigned missions. Vaccines help to keep U.S. forces healthy by protecting them against dangerous germs that could harm individuals and affect unit missions. American forces suffered 5,500 smallpox casualties out of 10,000 troops at the battle of Quebec in 1776 ([www.anthrax.osd.mil](http://www.anthrax.osd.mil)). As a result, General George Washington began using a technique called variolation, a predecessor of vaccination, in 1777. From 1777 to the present, vaccines have had a tremendous effect on the health of U.S. troops. Typhoid casualties in the Spanish-American War of 1898 numbered 20,000. During all of World War I, there were only 1,500 typhoid casualties, thanks to the vaccination of American military forces ([www.anthrax.osd.mil](http://www.anthrax.osd.mil)).

## **AT: Religious and philosophical and conscientious exemptions**

### **Allowing religious exemptions is a slippery slope into allowing anyone an exception**

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Journal of Law Reform, Winter, 2004, 37 U. Mich. J.L. Reform 353, 38848

words, ARTICLE: VANISHING VACCINATIONS: WHY ARE SO MANY AMERICANS OPTING OUT OF VACCINATING THEIR CHILDREN?, Steve P. Calandrillo\*

Another tricky legal issue to navigate in states that allow religious exemptions is determining which denominations qualify. For instance, do only "nationally recognized" churches count, or does any religious belief entitle a parent to an exemption for her child? A court in Kentucky has ruled that a requirement that parents be members of a nationally recognized and established church to qualify for exemption does not violate the Establishment Clause,<sup>n391</sup> but it stands in the minority on this point. Several other state courts have concluded that once religious exemptions are allowed by state law, they must be granted to everyone and anyone who claims a "sincerely held religious belief" opposed to vaccination - and not just those emanating from officially recognized religions.<sup>n392</sup>

Unfortunately, states rarely enforce the "sincerely held" language, [\*416] instead routinely granting exemptions without verification.<sup>n393</sup> Worse, some courts have expressly prohibited their respective state health departments from inquiring into the sincerity of a parent's religious objection to vaccination.

**Religious or philosophical opponents are more likely to contract disease and spread it to others**

Vaccine Beliefs of Parents Who Oppose Compulsory Vaccination Author(s): Allison M. Kennedy, Cedric J. Brown, Deborah A. Gust Source: Public Health Reports (1974-), Vol. 120, No. 3 (May - Jun., 2005), pp. 252-258 Published by: Association of Schools of Public Health

Although children who remain unvaccinated are able to avoid the small risk of a serious adverse event following vaccination (e.g., anaphylaxis), potentially serious consequences also are associated with remaining unvaccinated. Children who are exempt from routine vaccination are more likely to contract measles and pertussis than vaccinated children.<sup>78</sup> In addition, several accounts exist that detail out breaks of vaccine-preventable disease among groups with either religious or philosophical opposition to vaccination.<sup>9-13</sup> In turn, these individuals may transmit disease to children and adults with valid medical contraindications to immunization (e.g., children who are immune compromised due to chemotherapy), as well as to those who are too young to be vaccinated or to those whose vaccinations were not effective.

**Religious and philosophical exemptions harms the herd community**

Anthony Ciolli. Religious & Philosophical Exemptions to Mandatory School Vaccinations: Who Should Bear the Costs to Society? 2008. Missouri Law Review Appellate Law Clerk to Chief Justice Rhys S. Hodge, Supreme Court of the Virgin Islands.

Religious and philosophical exemptions may jeopardize herd immunity in certain communities. Although the percentage of the population that must be immunized to ensure herd immunity varies depending on the disease, it will remain a relatively large percentage – for instance, more than 90 percent of the population must be immunized in order to provide herd immunity protection from measles.<sup>9</sup> Given that a certain percentage of the population cannot receive a vaccine for legitimate medical reasons, even a relatively small number of individuals using religious and philosophical exemptions to exclude their children from mandatory school vaccinations can eliminate a community's herd immunity against certain diseases.

**Even allowing conscientious exemptions leads to enormous drops in vaccinations, although children vaccinations increase.**

Compulsory vaccination and conscientious or philosophical exemptions: past, present, and future. Daniel A Salmon; Stephen P Teret; C Raina MacIntyre; David Salisbury; et al. *The Lancet*; Feb 4-Feb 10, 2006; 367, 9508; Platinum Periodicals. pg. 436

The [UK Royal] Commission recommended a conscientious exemption for people who were “honestly opposed” to vaccination, and distinguished them from those who were too lazy or indifferent to have their children vaccinated. Of 13 members, two opposed allowance of conscientious exemption; two described vaccination as “objectionable” and, along with two other members, rejected any form of compulsory vaccination.

The result of allowance of conscientious exemption was that the parents of about 200,000 children opted out of vaccination; however, the overall effect was an increase in the number of vaccinated children.

**Religious exemption for immunizations is problematic as they become foci for the disease**

Measles Outbreaks in Religious Groups Exempt from Immunization Laws

Author(s): Thomas Novotny, Charles E. Jennings, Mary Doran, C. Ralph March, Richard S. Hopkins, Steven G. F. Wassilak, Lauri E. Markowitz Source: Public Health Reports (1974-), Vol. 103, No. 1 (Jan. - Feb., 1988), pp. 49-54 Published by: Association of Schools of Public Health

One of the major means of ensuring high immunization levels is the requirement for the immunization of school children. However, all States except West Virginia and Mississippi allow exemptions to this requirement based on religious beliefs (4). Because persons exempt for religious reasons may not be randomly distributed in the community, they can become foci for persistent disease following the introduction of measles (5,6). Persons exempt from immunization requirements may be a source of transmission for measles into the general community and can make possible the explosive transmission of disease within confined populations of group members, such as in camps and schools.

**Empirics show that religiously exempted people get infected much more**

Measles Outbreaks in Religious Groups Exempt from Immunization Laws

Author(s): Thomas Novotny, Charles E. Jennings, Mary Doran, C. Ralph March, Richard S. Hopkins, Steven G. F. Wassilak, Lauri E. Markowitz Source: Public Health Reports (1974-), Vol. 103, No. 1 (Jan. - Feb., 1988), pp. 49-54 Published by: Association of Schools of Public Health

Outbreaks of measles occurred in two groups of Christian Scientists in 1985. These outbreaks resulted in 187 cases, 90 percent of the 1985 measles cases occurring among religiously exempt persons and 6.7 percent of 2,813 total cases reported to CDC in 1985 (3). This report compares control strategies for these outbreaks and makes suggestions for possible actions regarding measles cases in exempt groups.

**Policies allowing conscientious exemption and removal of vaccination requirements desensitizes societies to the harms of disease.**

Compulsory vaccination and conscientious or philosophical exemptions: past, present, and future. Daniel A Salmon; Stephen P Teret; C Raina MacIntyre; David Salisbury; et al. *The Lancet*; Feb 4-Feb 10, 2006; 367, 9508; Platinum Periodicals. pg. 436

In 1907, 100 opponents of compulsory vaccination were elected to the 666-seat Parliament and amendment to the 1896 Act removed the administrative hurdles to claiming an exemption. This amendment resulted in a substantial drop in the number of vaccinated children. The UK repealed vaccination requirements altogether in 1946 because nearly half of parents in many areas were claiming conscientious exemptions. Vaccination rates fell, although uptake tended to increase when outbreaks occurred. In 1961, legislation allowed for compulsory examination of individuals suspected to have smallpox and clinically confirmed patients could be “removed at once to a hospital designated by the Regional Hospital Board for the reception of smallpox.” However, no legislation compelled vaccination even for the control of smallpox outbreaks. Smallpox vaccination was abandoned in 1971 because the likelihood of smallpox introduction in the UK was low, and although vaccination was a safe and reliable method to protect against smallpox, the risks of vaccine complications outweighed the risks of disease.

## **Curing/Ending Disease**

### **Vaccinations have positive externalities**

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words, ARTICLE: VANISHING VACCINATIONS: WHY ARE SO MANY AMERICANS OPTING OUT OF VACCINATING THEIR CHILDREN?, Steve P. Calandrillo\*

Many antivaccinationists argue, "Who is the state to tell me what I must do with my (or my child's) body? If other parents vaccinate their kids, they will be protected, so why should you worry what I do with mine?" Other vaccine-opponents might feel, "If everyone else vaccinates, then I don't have to because their immunity protects me."

Because so much focus in America is placed on individualism, it is easy to lose sight of the communal benefits of vaccines. Not only does each person who receives an immunization benefit, but all those around her do as well - the classic positive externality.<sup>n413</sup> As exemption rates increase, however, it is not merely the individuals opting out whose lives are endangered. Rather, the safety of the entire community is jeopardized when overall immunization rates fall below a critical threshold.<sup>n414</sup>

[\*420] This idea is based on the concept of "herd immunity."<sup>n415</sup> Most vaccine-preventable diseases are transmitted from person to person. When a large percentage of a given population is immunized against a disease, that "herd community" serves as a protective barrier against the spread of infection to others in the group who are not immunized or whose immune systems are suppressed due to age or infirmity.

**Compulsory vaccination is necessary to protect the young, weak, and medically exempt**

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words, ARTICLE: VANISHING VACCINATIONS: WHY ARE SO MANY AMERICANS OPTING OUT OF VACCINATING THEIR CHILDREN?, Steve P. Calandrillo\*

With this reasoning as a backdrop, compulsory vaccination laws were enacted to ensure that all in the population received immunizations, thereby serving the wider public good by creating a herd community capable of protecting the weak within its borders.<sup>n420</sup> This protection is crucial because inevitably there will be individuals in society who cannot be immunized due to HIV, cancer, pregnancy or other serious medical conditions. Additionally, it takes several years for infants and young children to complete the [\*421] ACIP recommended childhood immunization schedule.<sup>n421</sup> During this time, they count on the herd community to protect them from contracting serious illness. If an older sibling brings home a virus in the meantime because friends at school were not immunized, his little sister's life may be threatened.<sup>n422</sup>

Antivaccinationists do not bear these negative externality costs or harms directly, and therefore may not take them into account in making their decision not to be immunized. Those who opt out of immunizations may unintentionally place those with weakened immune systems due to age or infirmity in harm's way. As others emulate the practice, vaccination levels drop across the population, threatening overall herd protection and allowing disease hot spots to emerge.<sup>n423</sup>

**Percentages show life threatening diseases are greatly reduced with CV**

Compulsory vaccination and conscientious or philosophical exemptions: past, present, and future. Daniel A Salmon; Stephen P Teret; C Raina MacIntyre; David Salisbury; et al. *The Lancet*; Feb 4-Feb 10, 2006; 367, 9508; Platinum Periodicals. pg. 436

Vaccination is one of the greatest achievements in medicine and public health: wild-type poliovirus will soon be eradicated and each year, about 5 million life-years are saved by control of poliomyelitis, measles, and tetanus. Vaccine-preventable diseases in many developed countries have been reduced by 98-99%.

Compulsory vaccination programmes have contributed to the achievement of high rates of immunization. Such programmes are based on laws that require a population- or population segment- to be vaccinated in order to have the right to reside in a jurisdiction or to receive an entitlement.

**There are easily avoidable diseases that can be prevented if parents immunize their child**

Centers for Disease Control and Prevention. Five Important Reasons to Immunize Your Child. 2008.

[http://www.cdc.gov/vaccines/events/niiw/2008/downloads/pr\\_docs/fiveReasons.doc](http://www.cdc.gov/vaccines/events/niiw/2008/downloads/pr_docs/fiveReasons.doc)

Because of advances in medical science, your child can be protected against more diseases than ever before. Some diseases that once injured or killed thousands of children have been eliminated completely and others are close to being gone – primarily due to safe and effective vaccines. One example of the great impact vaccines can have is the eradication of polio in the United States. Polio was once America's most-feared disease causing death and paralysis across the country but today, thanks to vaccination, there are no reports of polio in the United States.

**Rubella, unchecked by vaccines, is devastating**

Universal Immunization to Interrupt Rubella Author(s): Kenneth J. Bart, Walter A. Orenstein, Stephen R. Preblud, Alan R. Hinman Source: Reviews of Infectious Diseases, Vol. 7, Supplement 1. International Symposium on Prevention of Congenital Rubella Infection (Mar. - Apr., 1985), pp. S177-S184

The rubella pandemic of 1964-1965 demonstrated vividly the extraordinary teratogenic potential of the rubella virus. In the United States alone, an estimated 11,000 miscarriages, stillbirths, and abortions occurred, and 20,000 infants with congenital rubella syndrome (CRS) were born [1]. The introduction of rubella virus vaccine in 1969 provided the means to prevent this burden. The ultimate goal of rubella immunization is the protection of a future fetus against damage from intrauterine infection.

**Before the vaccine, rubella was constantly creating pandemics**

Universal Immunization to Interrupt Rubella Author(s): Kenneth J. Bart, Walter A. Orenstein, Stephen R. Preblud, Alan R. Hinman Source: Reviews of Infectious Diseases, Vol. 7, Supplement 1. International Symposium on Prevention of Congenital Rubella Infection (Mar. - Apr., 1985), pp. S177-S184

Before the adoption of a national strategy of immunization, rubella was episodic. Major epidemics occurred throughout the country in 1935, 1943, and 1964, with periods of high incidence in 1952 and 1958. There were apparent epidemics of rubella every six to nine years (figure 1). The occurrence of rubella in the years immediately preceding the introduction of vaccine in 1969 ranged from 47,000 to 57,000 cases reported per year. The highest incidence rate in the prevaccine era (1966-1968) occurred among children aged five to nine years old and the next highest, in preschoolers [1, 2]. Together these two age groups accounted for 60% of all reported cases; only 23 % were reported in persons older than 14 years of age (figure 2).

**There are two general immunization strategies for diseases like Rubella**

Universal Immunization to Interrupt Rubella Author(s): Kenneth J. Bart, Walter A. Orenstein, Stephen R. Preblud, Alan R. Hinman Source: Reviews of Infectious Diseases, Vol. 7, Supplement 1. International Symposium on Prevention of Congenital Rubella Infection (Mar. - Apr., 1985), pp. S177-S184

The two major choices of strategy have been universal immunization and selective immunization. The universal immunization strategy is aimed at totally eliminating any risk of exposure of women of childbearing age by interrupting transmission of rubella virus among young children. The selective immunization strategy attempts to eliminate the risk of rubella only among women of childbearing age by vaccinating young women who are at risk or girls who are entering the high-risk age group (10-14 years of age); the strategy makes no attempt at interrupting transmission. This strategy encourages the acquisition of immunity by natural infection during early childhood and allows for boosts in vaccine-induced antibody by circulating virus.

### **Children are easy to access for vaccinations**

Universal Immunization to Interrupt Rubella Author(s): Kenneth J. Bart, Walter A. Orenstein, Stephen R. Preblud, Alan R. Hinman Source: Reviews of Infectious Diseases, Vol. 7, Supplement 1. International Symposium on Prevention of Congenital Rubella Infection (Mar. - Apr., 1985), pp. S177-S184

The relative accessibility of children, prepubescent girls, and women of childbearing age may influence the choice of strategy. Since children are often accessible through day care centers, creches, or schools, accessibility of children is not usually problematic. In the United States the accessibility of children through school laws has been an important component of the success of the universal immunization policy. Thirty-six states and the District of Columbia have comprehensive (kindergarten through 12th grade) school immunization laws making proof of immunization mandatory prior to school entry (figure 7).

## Outbreaks

### **Due to people who do not vaccinate, hot spots of danger are forming**

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Journal of Law Reform, Winter, 2004, 37 U. Mich. J.L. Reform 353, 38848

words, ARTICLE: VANISHING VACCINATIONS: WHY ARE SO MANY AMERICANS OPTING OUT OF VACCINATING THEIR CHILDREN?, Steve P. Calandrillo\*

The decline of communal herd immunity is not a merely academic concern. Disease outbreaks have already occurred, killing hundreds and hospitalizing thousands more. "Hot spots" are cropping up in communities across the United States and the rest of the world as well. The rise of exemptions to compulsory vaccination laws threatens to undermine the public health achievements made possible by widespread immunizations.

At the outset, it is important to distinguish and explain the significance between nationwide versus local exemption rates. Despite the rise of exemptions to mandatory vaccination laws, nationwide [\*422] immunization rates are still quite high overall.<sup>n424</sup> However, it is vital to look at opt-out rates in local communities because statewide or national numbers can hide areas where exemptions are dramatically higher than overall averages indicate,<sup>n425</sup> making it possible for disease pockets to spring up.<sup>n426</sup> For instance, even though 84% of schools in California boast exemption rates of less than 1%, 1 in 25 schools indicated that over 5% of their students had not received their required immunizations.<sup>n427</sup> Other hot spots have cropped up in Boulder, Colorado and in towns in Missouri and Massachusetts.<sup>n428</sup> Moreover, the National Immunization Survey reported that in King County, Washington (a major population center home to Seattle), 24% of two-year olds are not fully immunized with the three most basic vaccines available (DTaP, polio, and MMR).<sup>n429</sup>

**The US experience with vaccines is replete with examples of exemptions causing outbreaks of disease**

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The clustering of exemptions in these hot spots can lead directly to disease.<sup>n430</sup> Religious exemptions to vaccination in Amish, Mennonite and Christian Science communities are responsible for the last two major outbreaks of polio in America.<sup>n431</sup> During the resurgence of mumps that began in 1986, large outbreaks were for the most part confined to states that did not have comprehensive (i.e., [\*423] kindergarten through grade 12) vaccination laws.<sup>n432</sup> Whooping cough outbreaks have occurred every year since 1995 on Vashon Island.<sup>n433</sup> Worse, pertussis cases have actually been increasing nationally since the early 1980s with peaks every three to four years.<sup>n434</sup> In 1991, lack of widespread immunizations in Amish areas resulted in 890 cases of rubella and over a dozen permanently deformed children.<sup>n435</sup>

These examples are just drops in the ocean compared to the devastating American measles outbreak of 1989-91, which disproportionately affected urban areas and recent immigrants in Southern California who lacked sufficient immunization coverage.<sup>n436</sup> Measles cases had plummeted nationally after the vaccine became available in 1963, as the 400,000 individuals afflicted in 1962 had dropped to just over 1,000 per year by the mid-1980s.<sup>n437</sup> The incidence of measles was low even among non-vaccinated individuals so long as a sufficiently high percentage of the surrounding herd community was immunized.<sup>n438</sup> While nationwide measles vaccination rates among school-aged children appeared adequate, the level of immunization was as low as 50% among two-year old children in some black and Hispanic communities.<sup>n439</sup> A devastating measles epidemic resulted, afflicting primarily unvaccinated minority [\*424] children in

urban areas, many in Los Angeles County.<sup>n440</sup> In total, over 50,000 children nationwide contracted measles and 11,000 hospital days were required for treatment.<sup>n441</sup> 132 children died and over \$ 100 million in health care costs were incurred.<sup>n442</sup> Other less devastating but still significant measles outbreaks occurred in an Illinois Christian Science school in 1985, and among Amish communities in 1987 and 1988.<sup>n443</sup> Exemptions to immunization on religious grounds played a large role.<sup>n444</sup>

**The international sphere is replete with examples of exemptions causing illness outbreaks**

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Elsewhere around the globe, countries with low vaccination rates continue to suffer from devastating disease outbreaks. In Russia, diphtheria cases jumped from 900 in 1989 to 50,000 in 1994 after a drop in immunization coverage.<sup>n445</sup> Japan and England witnessed a tenfold increase in hospitalizations and deaths after the pertussis vaccine was discontinued in their countries.<sup>n446</sup> Both South Korea [\*425] and Japan experienced major measles epidemics in recent years due to low vaccination rates.<sup>n447</sup> Europe has also not escaped the ravages of measles when immunization coverage has dropped, as evidenced by outbreaks in Sweden in the late 1990s.<sup>n448</sup>

### **The prevalence of international travel makes universal immunization necessary**

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Another factor that cannot be ignored is the risk of disease transmission due to the increased amount of global travel into and out of the United States. Even if a disease is eliminated in one region of the globe, transmission of the agent is still possible due to the ease of international transportation today.<sup>n449</sup> While most diseases are well under control inside American borders, the same cannot be said for the rest of the world. Despite the proclaimed goal of worldwide measles eradication by 2000, we are nowhere close.<sup>n450</sup> Nearly a million deaths continue to be reported annually.<sup>n451</sup> [\*426] Polio persists in parts of India and Africa, albeit in much smaller numbers.<sup>n452</sup> Diphtheria is far from eradicated in the former Soviet Union - between 1990 and 1999, lack of coordinated vaccination programs in Russia and neighboring states produced 150,000 cases and 5,000 deaths due to diphtheria.<sup>n453</sup> Pertussis in both Japan and England returned with a vengeance after millions in those countries discontinued immunizations because of widespread fears regarding pertussis vaccine risks.<sup>n454</sup> In Japan, vaccination rates plummeted from 80% in 1974 to just 20% by 1979, producing 13,000 whooping cough cases and 41 deaths.<sup>n455</sup> The United Kingdom was hit with 100,000 cases and 36 deaths.<sup>n456</sup> In today's world, all of these life-threatening diseases are just a plane ride away.

In fact, this risk has already materialized. In 1998, all of the measles cases in the United States came from other countries.<sup>n457</sup> In 2001, measles was again introduced into Seattle by international travelers.<sup>n458</sup> More than half of the total number of measles cases reported by Americans that year were contracted by individuals in another country or were secondary-cases related to an imported

case.<sup>n459</sup> While the Western Hemisphere has triumphed over polio, in 1994 wild polio virus was imported into Canada from India.<sup>n460</sup> From 1995-2000, 61 confirmed cholera cases hit Americans, the majority of which were imported from outside the United States.<sup>n461</sup> Just two years ago, typhoid fever made a return to America, with [\*427] 80% of cases occurring in individuals who reported traveling abroad in the six weeks prior to infection.<sup>n462</sup> Finally, it is worth noting that HIV/AIDS could be added to the list of imported diseases, as experts believe the disease originated in Africa before being brought into the United States.<sup>n463</sup> The most recent infectious disease to spread its way into North America from abroad is Severe Acute Respiratory Syndrome - of the 64 U.S. cases at the time of writing, 97% have been attributed to international travel.<sup>n464</sup>

**CV are historically successful in minimizing school-based outbreaks of disease**

Compulsory vaccination and conscientious or philosophical exemptions: past, present, and future. Daniel A Salmon; Stephen P Teret; C Raina MacIntyre; David Salisbury; et al. *The Lancet*; Feb 4-Feb 10, 2006; 367, 9508; Platinum Periodicals. pg. 436

By 1963, 20 states required immunization against certain diseases for school entrance; by 1970 this number had increased to 29 states. The main intent of modern immunization requirements was to reduce or prevent school-based outbreaks of vaccine-preventable diseases. Outbreaks of measles were not uncommon during the 1970s; investigations of outbreaks indicated that schools were commonly a site of transmission. States with immunization laws had lower rates of measles than did states without laws, and the incidence was much lower in states that strictly enforced the laws than in other states.

**Nonmedical exemptions (religious, conscientious, etc) multiply the risks of contracting diseases, leading to greater outbreaks of disease**

Compulsory vaccination and conscientious or philosophical exemptions: past, present, and future. Daniel A Salmon; Stephen P Teret; C Raina MacIntyre; David Salisbury; et al. *The Lancet*; Feb 4-Feb 10, 2006; 367, 9508; Platinum Periodicals. pg. 436

Children with exemptions to school immunization requirements have had high rates of vaccine-preventable diseases and contributed to outbreaks of such diseases. The risks of measles and pertussis in school-aged children in the USA with non-medical exemptions have been reported to be 22-35 times and 5.9 times higher respectively, than those in vaccinated children. The community risk associated with exemptions has been demonstrated through modeling and epidemiological investigations.

### **Disease outbreaks destroy economies**

Anthony Ciolli. Religious & Philosophical Exemptions to Mandatory School Vaccinations: Who Should Bear the Costs to Society? 2008. Missouri Law Review Appellate Law Clerk to Chief Justice Rhys S. Hodge, Supreme Court of the Virgin Islands.

But such outbreaks have an impact beyond the suffering caused in those particular communities. The creation of disease hotspots due to widespread use of religious and philosophical exemptions “deals a serious monetary blow to our cash-strapped medical system.”<sup>13</sup> For instance, the U.S. measles outbreak that took place between 1989 and 1991 created costs of more than \$100 million in medical expenses alone.<sup>14</sup> Hepatitis B outbreaks attributed to low hepatitis B vaccination rates are expected to create “\$700 million in medical and work loss costs.”<sup>15</sup> In fact, “vaccine-preventable diseases impose \$10 billion worth of healthcare costs and over 30,000 otherwise avoidable deaths in America each year.”

## Constitutionality

**The courts have always agreed that public good outweighs religious freedom**

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Even though the great majority of states allow religious exemptions, they are probably not constitutionally required. While critics contend that prohibiting such opt-outs to vaccinations would [\*430] interfere with freedom to worship and thus run contrary to the First Amendment's Free Exercise Clause, the Supreme Court has never rendered such a ruling.<sup>n480</sup> Rather, caselaw generally supports a state's right to limit religious objections if it so chooses.<sup>n481</sup>

In upholding New York's compulsory polio vaccination law, one court reasoned, "separation of church and State does not mean that every State action remotely connected with religion must be outlawed."<sup>n482</sup> Furthermore, Mississippi excludes religious exemptions entirely, as its state Supreme Court found them in violation of the Equal Protection Clause on the ground that they "discriminate against the great majority of children whose parents have no such religious convictions" opposed to vaccination.<sup>n483</sup> An Arkansas court banned religious objections to vaccination as well, holding that the right of free exercise is subject to reasonable regulation for the good of the community as a whole.<sup>n484</sup>

States interested in limiting religious exemptions to vaccinations might draw an analogy to high profile Jehovah's Witness cases, where advocates of religious freedom resisted laws compelling medical treatment in certain circumstances.<sup>n485</sup> Adherents of the religion have long believed that blood from one person should never be introduced into the body of another, under pain of loss of salvation for one's soul.<sup>n486</sup> Controversy erupted when parents who held these

deep religious convictions refused blood transfusions for their children in emergency situations. Hospital staff sought to [\*431] provide such treatment, knowing that childrens' lives hung in the balance. Jehovah's Witnesses challenged this "forced healthcare" practice as an unconstitutional violation of their religious freedom.<sup>n487</sup> In multiple cases, courts upheld the right of states to require blood transfusions in the best interests of the child despite the parents' adamant and sincere religion-based refusals.<sup>n488</sup> The New Jersey Supreme Court put it simply: "While freedom to believe is absolute, freedom to exercise one's belief is not and must be considered in light of the general public welfare."<sup>n489</sup> In the context of compulsory vaccination laws, the U.S. Supreme Court has unambiguously stated:

The right to practice religion freely does not include liberty to expose the community or the child to communicable disease or the latter to ill health or death. \* \* \* Parents may be free to become martyrs themselves. But it does not follow [that] they are free, in identical circumstances, to make martyrs of their children before they have reached the age of full and legal discretion when they can make that choice for themselves.<sup>n490</sup>

[\*432] If the judiciary were to hold to the contrary, and the arguments of religious objectors were taken to their fullest extent, some courts have argued that absurd results would ensue. The Cude court rhetorically questioned, "suppose one believed that human sacrifices were a necessary part of religious worship, would it be seriously contended that the civil government under which he lived could not interfere and prevent a sacrifice?"<sup>n491</sup> While objections to mandatory vaccination laws clearly do not provide as an immediate or as certain of a risk of death or harm, it is clear that caselaw supports the notion that the public's overall health and welfare trumps religious practices that threaten innocent citizens. A parent's right to exhibit religious freedom ceases where it transgresses the rights of her innocent child.<sup>n492</sup>

**The courts have repeatedly upheld the constitutionality of compulsory vaccination, with or without exceptions**

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words, ARTICLE: VANISHING VACCINATIONS: WHY ARE SO MANY AMERICANS OPTING OUT OF VACCINATING THEIR CHILDREN?, Steve P. Calandrillo\*

While the federal and state governments adopted aggressive pro-vaccination policies that yielded quick results, the constitutionality of compulsory vaccination requirements was another matter. Not surprisingly, mandatory vaccination regulations encountered stiff resistance, as groups such as the Antivaccination League strongly opposed the initial passage of these laws, challenged them in court, and often refused to comply.<sup>n213</sup> The strong belief in human autonomy and liberty upon which the United States was founded fueled the fire, as opponents raised arguments based on freedom from government interference and the right to do what they wished with their bodies.<sup>n214</sup> The debate came to a head before the Supreme [384] Court just after the turn of the 20th century.<sup>n215</sup> In the case of *Jacobson v. Massachusetts*,<sup>n216</sup> the Court held that the State's police power to protect the public's health included the right to require that all citizens of the city of Cambridge receive a smallpox vaccination.<sup>n217</sup> While the Court acknowledged that individual liberty rights prevent state intrusion in some instances, it held that individual rights cannot themselves intrude upon other people's rights. Thus, despite passionate resistance, the Court made clear that when the health concerns of the larger community are at stake, the state may indeed infringe upon individual rights.<sup>n218</sup>

### **CV does not violate the constitution**

Compulsory vaccination and conscientious or philosophical exemptions: past, present, and future. Daniel A Salmon; Stephen P Teret; C Raina MacIntyre; David Salisbury; et al. *The Lancet*; Feb 4-Feb 10, 2006; 367, 9508; Platinum Periodicals. pg. 436

Jacobson's case was decided in 1905 by the US Supreme Court, which rejected each of his constitutional arguments. The court found that "The liberty secured by the constitution of the United States to every person within its jurisdiction does not import an absolute right in each person to be, at all times and in all circumstances, wholly freed from restraint. There are manifold restraints to which every person is necessarily subject for the common good." The court affirmed the right of states to require vaccination as a legitimate use of their police powers and clearly stated that the health of the public supersedes certain individual interests, within reasonable boundaries. The Jacobson case laid the foundation for public health law in the USA. The Supreme court also upheld the constitutionality of school vaccination laws in 1922.

**It is not against the constitution for states to institute CV**

Anthony Ciolli. Religious & Philosophical Exemptions to Mandatory School Vaccinations: Who Should Bear the Costs to Society? 2008. Missouri Law Review Appellate Law Clerk to Chief Justice Rhys S. Hodge, Supreme Court of the Virgin Islands.

The U.S. Supreme Court has consistently affirmed a state's right to institute compulsory immunization requirements, for a state's interest in exercising its police power to promote communal health safety overrides an individual's liberty right to opt out from a vaccine.<sup>17</sup> The Court, in *Prince v. Massachusetts*, clearly stated that religious exemptions to compulsory school vaccination laws are not required under the Constitution: The right to practice religion freely does not include liberty to expose the community or the child to communicable disease or the latter to ill health or death. . . . Parents may be free to become martyrs themselves. But it does not follow [that] they are free, in identical circumstances, to make martyrs of their children before they have reached the age of full and legal discretion when they can make that choice for themselves.<sup>18</sup> Though religious exemptions to vaccination laws are not constitutionally required, they are not prohibited either. Thus, each of this nation's fifty states may, at each legislature's discretion, adopt religious or philosophical exemptions to their mandatory immunization laws that are as broad or as narrow as they wish, or – as is the case in Mississippi and West Virginia – even non-existent, with state constitutional law as the only significant legal limitation.

**The court says compulsory immunization is constitutional**

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Review, 2008, 56 Clev. St. L. Rev. 159, 18434 words, NOTE: IMMUNIZING AGAINST ADDICTION: THE ARGUMENT FOR INCORPORATING EMERGING ANTI-ADDICTION VACCINES INTO EXISTING COMPULSORY IMMUNIZATION STATUTES \*, ALEXIS OSBURN +

Because vaccination statutes are enacted by state, as opposed to federal, legislatures, the majority of case law regarding mandatory vaccination comes from state courts.<sup>n83</sup> In *Jacobson v. Massachusetts*,<sup>n84</sup> however, the leading United States Supreme Court case in which the Court has dealt with state-mandated vaccination requirements "in more than a perfunctory manner,"<sup>n85</sup> the Court upheld the validity of compulsory vaccination requirements as a legitimate exercise of the state police power.<sup>n86</sup> In *Jacobson*, the plaintiff challenged the constitutionality of a Massachusetts statute giving local boards of health the power to "require and enforce the vaccination and revaccination of all the inhabitants" of the local town or city.<sup>n87</sup> In response to an outbreak of small pox, the local board of health in Cambridge, Massachusetts adopted a regulation requiring all persons in the city to be vaccinated or revaccinated against the disease.<sup>n88</sup>

The *Jacobson* Court rejected the plaintiff's argument that the Massachusetts statute and the resulting regulation violated his rights to individual liberty under the due process clause of the Fourteenth Amendment.<sup>n89</sup> The Court noted that "[a]ccording to settled principles, the police power of a state must be held to embrace, at least, such reasonable regulations established directly by legislative enactment as will protect the public health and the public safety."<sup>n90</sup> The majority supported its argument by acknowledging that several state courts had enforced statutes mandating the vaccination of school-aged children as a prerequisite to attending public schools.<sup>n91</sup> In response to the plaintiff's argument that the small-pox [\*169] vaccinations tended to invite disease rather than prevent it, the Court

declined to revisit the policy decision of the legislature, stating that "[i]n a free country, where the government is by the people, through their chosen representatives . . . what the people believe is for the common welfare must be accepted as tending to promote the common welfare, whether it does in fact or not." <sup>n92</sup>

In reaching its decision, the Jacobson Court not only recognized the broad range of the state police power, but also discussed the four factors it used to determine the constitutionality of the compulsory vaccination statute.

## **Herd immunity**

### **Individual rights advocates do fail to account for communal benefits**

Anthony Ciolli. Religious & Philosophical Exemptions to Mandatory School Vaccinations: Who Should Bear the Costs to Society? 2008. Missouri Law Review Appellate Law Clerk to Chief Justice Rhys S. Hodge, Supreme Court of the Virgin Islands.

Many scholars fear that “serious consequences will follow the proliferation of legally sanctioned exemptions to compulsory vaccinations.”<sup>6</sup> Although many who support religious and philosophical exemptions view the decision to vaccinate one’s child as an individual rights issue, such a focus ignores that the benefits of mandatory vaccination are communal as well as individual. Thus, it should come as no surprise that the cost of widespread non-compliance with mandatory school vaccinations will not only result in the loss of such communal benefits, but will also impose significant costs on the entire community.

**CV will best ensure a healthy herd community**

Anthony Ciolli. Religious & Philosophical Exemptions to Mandatory School Vaccinations: Who Should Bear the Costs to Society? 2008. Missouri Law Review Appellate Law Clerk to Chief Justice Rhys S. Hodge, Supreme Court of the Virgin Islands.

When a critical mass of a community's members are vaccinated from a given disease, "herd immunity" prevents that disease from gaining a foothold in the community. The very high percentage of immunized individuals serves as a "protective barrier" that keeps the disease from spreading to those who are too young to be immunized or have compromised immune systems due to old age or diseases such as AIDS.<sup>7</sup> Creating such a protective barrier through herd immunity has always been one of the major goals of mandatory school immunization laws – by immunizing virtually all school children in a given community, state governments can ensure that the "herd immunity" effect will continue in perpetuity, as community immunization levels continue to remain at the high percentage required to prevent the spread of disease.

**Losing a community's herd immunity can create outbreaks and hot spots of disease**

Anthony Ciolli. Religious & Philosophical Exemptions to Mandatory School Vaccinations: Who Should Bear the Costs to Society? 2008. Missouri Law Review Appellate Law Clerk to Chief Justice Rhys S. Hodge, Supreme Court of the Virgin Islands.

Not surprisingly, the loss of a community's herd immunity may result in an outbreak of that disease in the community. In fact, many such disease "hot spots" have arisen in communities with a relatively high number of religious exemptions. For example, America's last two polio outbreaks began in Amish, Mennonite, and Christian Science communities.<sup>11</sup> Outbreaks of other preventable diseases, such as measles and rubella, have also originated in communities where many parents have not vaccinated their children for religious reasons.

## **A2 Taxation alternative**

### **Not all states have the ability to tax exemptions (NY city plan)**

Anthony Ciolli. Religious & Philosophical Exemptions to Mandatory School Vaccinations: Who Should Bear the Costs to Society? 2008. Missouri Law Review Appellate Law Clerk to Chief Justice Rhys S. Hodge, Supreme Court of the Virgin Islands.

However, the New York City plan is not without its flaws. Though the plan has worked in New York City, other jurisdictions may not have the ability to implement it in its current incarnation. Some states, such as Wyoming in the wake of the *LePage* decision,<sup>51</sup> are unable to reap the full benefits of the New York City plan, for they are unable to have governmental agencies scrutinize exemption requests in the same way as New York. Thus, while Wyoming could fine schools for every child that has not been immunized, Wyoming schools would not have the ability to impose nearly as much red tape, for the Wyoming Supreme Court has required that the state grant exemption requests immediately.

**Taxing exemptions (NY city plan) does not target the main source of exemptions**

Anthony Ciolli. Religious & Philosophical Exemptions to Mandatory School Vaccinations: Who Should Bear the Costs to Society? 2008. Missouri Law Review Appellate Law Clerk to Chief Justice Rhys S. Hodge, Supreme Court of the Virgin Islands.

Perhaps the most serious flaw with the New York City plan is that it would do little to ensure that children who attend private or parochial schools or who are home-schooled receive the proper immunizations. Since disease hotspots often occur in religious communities, and such communities often have a significant number of children who do not attend the traditional public school system, society would greatly benefit from increasing child immunization rates in these communities.<sup>54</sup> However, given that religious sects such as the Amish or Christian Scientists are less likely to view religious exemptions merely as exemptions of convenience, it is doubtful that any plan, outside of the unrealistic goal of completely eliminating all nonmedical exemptions, would result in greater immunization rates. Given those circumstances, governments may wish to implement some sort of system of allocating the costs of handling an outbreak in a more equitable fashion.

## **A2 Autism**

### **MMR vaccine does NOT cause autism**

Steven Novella. Fear Not: Vaccines do not cause autism. New England Skeptical Society. June 2005. Academic clinical neurologist at Yale University School of Medicine. He is the president and co-founder of the New England Skeptical Society. He is also the host and producer of the popular weekly science podcast, The Skeptics' Guide to the Universe.

Subsequent to the seminal article in the Lancet, many follow-up studies were performed to see if autism is truly correlated with the MMR vaccine. It is important to note that epidemiological studies cannot prove a cause and effect, that MMR causes autism. They can only show a correlation: When this goes up, so does that. However, if there is true causation, then epidemiological studies should show multiple correlations. For example, autism should go up as MMR vaccinations do, and it should go down when vaccinations go down; they should go up and down predictably over time, depending on when the vaccinations are given; the autism rate and severity should correspond to the size of the vaccine dose. The more these correlations hold up, the greater the case for a cause-and-effect relationship. Finally, of course, biological data should show how MMR might cause autism – in other words, there should be actual evidence for the “leaky gut” theory, or some other theory.

As the follow-up studies started being published, however, it became more and more clear that there was no link between MMR and autism. For example, a study in the British Medical Journal found that autism rates continued to climb in areas where MMR vaccination rates were not increasing. Another article there found no association with MMR and autism or GI (gut) disorders. Other studies showed no difference in diagnosis rate of autism either before or after MMR vaccine, or between vaccinated and unvaccinated children. Most recently, a

study found there was no decrease in autism rates following removal of the MMR vaccine in Japan.

In May of 2004 the Institute of Medicine (IOM) reviewed all of the MMR-autism data available to date and concluded that there was no association and that the case is essentially closed – a conclusion confirmed by still later studies, such as the one in Japan.

Believers in the MMR-autism hypothesis largely dismiss these findings as biased. They also dismiss the findings of the larger and more powerful epidemiological studies. Bernard Rimland, who leads the Autism Research Institute, rejected the IOM report, writing that the evidence “does not exclude the possibility that MMR vaccine could contribute to ASD in a small number of children.” Rimland interpreted this as support for a link. Rather, it merely reflects the logical necessity I referred to above: It is impossible to prove a risk of zero.

In May 2004, 10 of Wakefield’s co-authors on his original paper withdrew their support for its conclusions. One author, Dr. Simon Murch, stated: “There is now unequivocal evidence that MMR is not a risk factor for autism – this statement is not spin or medical conspiracy, but reflects an unprecedented volume of medical study on a worldwide basis.” The editor of *Lancet* also announced that they withdrew their endorsement of the paper, and cited as part of the reason an undisclosed potential conflict of interest for Wakefield, namely that at the time of its publication he was conducting research for a group of parents of autistic children seeking to sue for damages from MMR vaccine producers.

Sadly, the controversy led to decreased vaccination of children in England. There was an increase in measles, mumps, and rubella, each of which can, in rare circumstances, be fatal.

**It is unlikely that vaccines cause autism or any other major disease**

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words, ARTICLE: VANISHING VACCINATIONS: WHY ARE SO MANY AMERICANS OPTING OUT OF VACCINATING THEIR CHILDREN?, Steve P. Calandrillo\*

Far more prominent in the media are stories concerning the link between vaccines (and thimerosal) and the alarming rise in autism.<sup>n298</sup> A correlation between the increase in immunizations [\*399] given and the increase in childhood autism certainly exists, but the issue of causation is a much more difficult one to prove. While both sides of the debate offer up no shortage of evidence, the majority of medical research - including an exhaustive study just published by Anders Hviid in the Journal of the American Medical Association - suggests that vaccines are not responsible for the surge in autism in recent decades.<sup>n299</sup> The Institute of Medicine (IOM) of the National Academy of Sciences also concluded that "the vast majority of cases of autism cannot be caused by [the] MMR vaccine," although the IOM did not absolutely rule out immunizations as a rare cause of autism.<sup>n300</sup> Other studies published in leading American and British medical journals analyzing the incidence of autism relative to the timing of the introduction of the measles vaccine have failed to demonstrate an association between [\*400] the two.<sup>n301</sup> Moreover, erring on the side of caution, vaccine manufacturers removed thimerosal from all routinely recommended immunizations three years ago<sup>n302</sup> - yet data has not indicated a drop in autism in the last few years.<sup>n303</sup> If thimerosal is indeed the root of vaccine-related injury in the past few decades, then one would expect that its removal would lead directly and quickly to a stunning decline in autism cases. If data eventually shows this drop-off, that would make out a prima facie case for compensating victims - but not a case for discontinuing vaccination - because this potential safety issue has already been addressed by eliminating thimerosal. Moreover, allegations abound regarding the connection between immunizations and multiple sclerosis, SIDS, diabetes, bacterial infections, seizures and asthma.

Again, while many of these disorders are on the rise, it is not clear what factors are triggering the increase.<sup>n304</sup> Studies conducted by the IOM failed to support hypotheses that vaccines are associated with multiple sclerosis, [\*401] neurodevelopmental disorders, or immune dysfunction.<sup>n305</sup> The IOM also found no link between SIDS and immunizations.<sup>n306</sup> In addition, the increased rate of diabetes mellitus in children has been shown by Graves and colleagues not to be caused by vaccine antigens.<sup>n307</sup> Furthermore, British Public Health Laboratory Service researchers found no evidence that the MMR vaccine increases children's vulnerability to bacterial infections.<sup>n308</sup> Research findings produced by the American Lung Association and many others also confirm that the increased incidence of asthma in children today is not due to immunizations.<sup>n309</sup> A recent New England Journal of Medicine report found that children who suffered rare fever-related seizures after getting the DTaP and MMR vaccinations did not have an increased risk for subsequent seizures or neurodevelopmental learning disabilities.

**The MMR (Measles-Mumps-Rubella) vaccine does not cause autism. Four case studies prove.**

Jeffrey S. Gerber and Paul A. Offit—Division of Infectious Diseases, The Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania. Vaccines and Autism: A Tale of Shifting Hypotheses. Page 458. February 15, 2009.

Four retrospective, observational studies addressed the relationship between MMR vaccine and autism. 1. In the United Kingdom, 71 MMR-vaccinated autistic children were compared with 284 MMR-vaccinated matched control children through use of the Doctor’s Independent Network, a general practice database [12]. The authors observed no differences between case and control children in practitioner consultation rates—a surrogate for parental concerns about their child’s development—within 6 months after MMR vaccination, which suggests that the diagnosis of autism was not temporally related to MMR vaccination. 2. In Finland, using national registers, researchers linked hospitalization records to vaccination records in 535,544 children vaccinated during 1982–1986 [13]. Of 309 children hospitalized for autistic disorders, no clustering occurred relative to the time of MMR vaccination. 3. In Denmark, again using a national registry, researchers determined vaccination status and autism diagnosis in 537,303 children born during 1991–1998 [14]. The authors observed no differences in the relative risk of autism between those who did and those who did not receive MMR vaccine. Among autistic children, no relationship between date of vaccination and development of autism was observed. 4. In metropolitan Atlanta, using a developmental surveillance program, researchers compared 624 autistic children with 1824 matched control children [15]. Vaccination records were obtained from state immunization forms. The authors observed no differences in age at vaccination between autistic and nonautistic children, which suggests that early age of MMR vaccine exposure was not a risk factor for autism.

**You lie! Thimerosal does not cause autism. It is biologically impossible.**

Jeffrey S. Gerber and Paul A. Offit—Division of Infectious Diseases, The Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania. Vaccines and Autism: A Tale of Shifting Hypotheses. Page 458. February 15, 2009.

Widespread and predictable misinterpretation of this conservative, precautionary directive, coupled with a public already concerned by a proposed but unsubstantiated link between vaccination and autism, understandably provoked concern among parents, which led to the birth of several antimercury advocacy groups. However, because the signs and symptoms of autism are clearly distinct from those of mercury poisoning, concerns about mercury as a cause of autism were—similar to those with MMR vaccine—biologically implausible [20]; children with mercury poisoning show characteristic motor, speech, sensory, psychiatric, visual, and head circumference changes that are either fundamentally different from those of or absent in children with autism. Consistent with this, a study performed by scientists at the Centers for Disease Control and Prevention years later showed that mercury in vaccines did not cause even subtle signs or symptoms of mercury poisoning [21].

**Giving children “too many” vaccines does not cause autism. Several reasons:**  
Jeffrey S. Gerber and Paul A. Offit—Division of Infectious Diseases, The Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania. Vaccines and Autism: A Tale of Shifting Hypotheses. Page 459-460. February 15, 2009.

The notion that children might be receiving too many vaccines too soon and that these vaccines either overwhelm an immature immune system or generate a pathologic, autism inducing autoimmune response is flawed for several reasons:

1. Vaccines do not overwhelm the immune system. Although the infant immune system is relatively naive, it is immediately capable of generating a vast array of protective responses; even conservative estimates predict the capacity to respond to thousands of vaccines simultaneously [30]. Consistent with this theoretical exercise, combinations of vaccines induce immune responses comparable to those given individually [31]. Also, although the number of recommended childhood vaccines has increased during the past 30 years, with advances in protein chemistry and recombinant DNA technology, the immunologic load has actually decreased. The 14 vaccines given today contain <200 bacterial and viral proteins or polysaccharides, compared with 13000 of these immunological components in the 7 vaccines administered in 1980 [30]. Further, vaccines represent a minute fraction of what a child’s immune system routinely navigates; the average child is infected with 4–6 viruses per year [32]. The immune response elicited from the vast antigen exposure of unattenuated viral replication supersedes that of even multiple, simultaneous vaccines.
2. Multiple vaccinations do not weaken the immune system. Vaccinated and unvaccinated children do not differ in their susceptibility to infections not prevented by vaccines [33–35]. In other words, vaccination does not suppress the immune system in a clinically relevant manner. However, infections with some vaccine-preventable diseases predispose children to severe, invasive infections with other pathogens [36, 37]. Therefore, the available data suggest that vaccines do not weaken the immune system.
3. Autism is not an immune-mediated disease. Unlike autoimmune diseases such as multiple sclerosis, there

is no evidence of immune activation or inflammatory lesions in the CNS of people with autism [38]. In fact, current data suggest that genetic variation in neuronal circuitry that affects synaptic development might in part account for autistic behavior [39]. Thus, speculation that an exaggerated or inappropriate immune response to vaccination precipitates autism is at variance with current scientific data that address the pathogenesis of autism. 4. No studies have compared the incidence of autism in vaccinated, unvaccinated, or alternatively vaccinated children (i.e., schedules that spread out vaccines, avoid combination vaccines, or include only select vaccines). These studies would be difficult to perform because of the likely differences among these 3 groups in health care seeking behavior and the ethics of experimentally studying children who have not received vaccines.

## Miscellaneous

### **Without compulsory vaccination, the problem of free riding arises**

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words, ARTICLE: VANISHING VACCINATIONS: WHY ARE SO MANY AMERICANS OPTING OUT OF VACCINATING THEIR CHILDREN?, Steve P. Calandrillo\*

Because herd immunity occurs at a level below a 100% immunization rate,<sup>n417</sup> it is not necessary for every single person in a community to be vaccinated. However, herd immunity can exist only if a sufficiently high proportion of the population is immunized such that the transmission of the disease is effectively interrupted.<sup>n418</sup> Therefore, society cannot allow every one of its members (or even a sizeable minority) to rely on the indirect protection afforded by other vaccinated members of the herd - because then community protection unravels as all try to "free ride" off of the benevolent acts of others.

### **Vaccinations are a good investment for children**

Centers for Disease Control and Prevention. Five Important Reasons to Immunize Your Child. 2008.

[http://www.cdc.gov/vaccines/events/niiw/2008/downloads/pr\\_docs/fiveReasons.doc](http://www.cdc.gov/vaccines/events/niiw/2008/downloads/pr_docs/fiveReasons.doc)

Immunizations can save your family time and money. A child with a vaccine-preventable disease can be kept out of schools or daycare facilities. A prolonged illness can take a financial toll because of lost time at work, medical bills, or long-term disability care. In comparison, getting vaccinated against these diseases is a good investment and usually covered by insurance. The Vaccines for Children program is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay.

**Internet has obscured the facts of vaccinations.**

Madelon Lubin Finkel. Truth, Lies, and Public Health. Greenwood Publishing 2007. Ph.D. Research at Cornell University

The antivaccination movement, both in the United States and abroad, has been facilitated by the internet, a fertile breeding ground for dissemination of information, both correct and incorrect. Several studies have evaluated the information posted on the Internet, and the results are troubling. One study found that almost 43% of online sites about the MMR vaccine were negative and contained inaccurate and unbalanced information. The most frequently cited incorrect information was that vaccines cause other illnesses such as neurologic disorders, multiple sclerosis, autism, asthma, and sudden infant death syndrome (SIDS). Other common bits of misinformation were that vaccines contain potentially large amounts of contaminants and mercury.

**Vaccinations for risk groups only is discriminatory**

Ethical Problems Raised by Anti-HIV Vaccination Author(s): P. Enel, J. Charrel, M. P. Larher, D. Reviron, C. Manuel, J. L. San Marco Source: European Journal of Epidemiology, Vol. 7, No. 2 (Mar., 1991), pp. 147-153 Published by: Springer

Another proposition is to immunise, not the whole population, but only risk groups. Such a procedure would be severely discriminatory, and all the more so since it would necessarily suppose target screening of known risk-factors for the disease, which would inevitably put heavy pressure on anonymity and confidentiality. Such target screening is rejected by (almost) everybody. In the U.S.A. compulsory vaccination is being considered for homosexuals, drug-addicts and Haitians (in this last case, vaccination would be combined with a law on pre- immigration and quarantine.

**CV does not need to be the sole policy enacted to combat disease, it should add to other strategies**

Compulsory vaccination and conscientious or philosophical exemptions: past, present, and future. Daniel A Salmon; Stephen P Teret; C Raina MacIntyre; David Salisbury; et al. *The Lancet*; Feb 4-Feb 10, 2006; 367, 9508; Platinum Periodicals. pg. 436

Compulsory vaccination should add to, not replace, other strategies to reach and sustain high rates of immunization. In the UK, substantial resources have been used to elucidate parent's perceptions about vaccination and to develop, implement, and evaluate strategies to communicate information about vaccine risks. There is a public demand for vaccination and the system relies on the use of physicians' incentives for immunization rather than trying to compel parents to have their children immunized.

**Smallpox vaccinations can be given safely without significant risks**

John Grabenstein and William Winkenwerder. US Military Smallpox Vaccination Program Experience. John D. Grabenstein, RPh, PhD; William Winkenwerder, Jr, MD, MBA Vol. 289 No. 24, June 25, 2003

In 5.5 months, the DoD administered 450 293 smallpox vaccinations (70.5% primary vaccinees and 29.5% revaccinees). In 2 settings, 0.5% and 3.0% of vaccine recipients needed short-term sick leave. Most adverse events occurred at rates below historical rates. One case of encephalitis and 37 cases of acute myopericarditis developed after vaccination; all cases recovered. Among 19 461 worker-months of clinical contact, there were no cases of transmission of vaccinia from worker to patient, no cases of eczema vaccinatum or progressive vaccinia, and no attributed deaths. Mass smallpox vaccinations can be conducted safely with very low rates of serious adverse events. Program implementation emphasized human factors: careful staff training, contraindication screening, recipient education, and attention to bandaging. Our experience suggests that broad smallpox vaccination programs may be implemented with fewer serious adverse events than previously believed.

**Universal immunization has been successful in the US**

Universal Immunization to Interrupt Rubella Author(s): Kenneth J. Bart, Walter A. Orenstein, Stephen R. Preblud, Alan R. Hinman Source: Reviews of Infectious Diseases, Vol. 7, Supplement 1. International Symposium on Prevention of Congenital Rubella Infection (Mar. - Apr., 1985), pp. S177-S184

The application of universal immunization in conjunction with limited immunization of women in the childbearing age group has had dramatic results. The United States has virtually interrupted the transmission of rubella virus and reduced morbidity and mortality due to congenital rubella infection to record low levels. However, CRS continues to occur at low endemic levels. Serologic studies of various postpubertal populations in the late 1970s and early 1980s have shown that 11.8%-23.7% of persons still lack serologic evidence of immunity to rubella—a proportion sufficient to sustain limited outbreaks in this age group (figure 6) [10, 13, 25-29]. Outbreaks of rubella in the Armed Forces led the services to require rubella vaccination of all susceptible recruits, both male and female. This program resulted in the elimination of rubella from the Armed Forces [16]. Outbreaks in hospitals have been reported, with the result that four states and many hospitals have instituted mandatory vaccination programs among all hospital employees. Experience during 1982 and 1983 indicates that although universal immunization has reduced transmission in most of the United States, colleges and universities as well as places of employment continue to be foci for outbreaks of rubella [23].

**Universal coverage is better than selective coverage because benefits exist even if there is not 100% coverage**

Universal Immunization to Interrupt Rubella Author(s): Kenneth J. Bart, Walter A. Orenstein, Stephen R. Preblud, Alan R. Hinman Source: Reviews of Infectious Diseases, Vol. 7, Supplement 1. International Symposium on Prevention of Congenital Rubella Infection (Mar. - Apr., 1985), pp. S177-S184

Universal immunization of children has the immediate benefit of reducing the risk among all women of childbearing age as vaccine coverage increases. The benefits of reduced risk may be present even in the absence of 100% coverage. Selective immunization is successful only at reducing the risk of congenital rubella infection for each woman who is immunized. This strategy is entirely successful only when 100% of at-risk women are immune. No benefits are accrued from herd immunity.

The choice of the universal immunization strategy is founded on the belief that a given level of immunity will interrupt or substantially reduce transmission of virus and that the achievement of such a level of immunity is logistically feasible. The choice of this strategy by the United States was the result of the understanding in the late 1960s and early 1970s of both the epidemiology of rubella and the perceived limitations of the available vaccines. This choice was based on the observation that the principal reservoir for the dissemination of virus was pre- and elementary schoolchildren [1, 2]. It was reasoned that the vaccination of young children would decrease the risk of exposure for susceptible women and of subsequent congenital rubella infection. In addition, because the observed cycle of six to nine years for rubella epidemics predicted an imminent epidemic, it was felt that transmission must be rapidly curtailed. It was thought that mass vaccination of children would lead to a rapid reduction in transmission.

**Alternatives to vaccination are impossible for many groups**

**Measles Outbreaks in Religious Groups Exempt from Immunization Laws**

Author(s): Thomas Novotny, Charles E. Jennings, Mary Doran, C. Ralph March, Richard S. Hopkins, Steven G. F. Wassilak, Lauri E. Markowitz Source: Public Health Reports (1974-), Vol. 103, No. 1 (Jan. - Feb., 1988), pp. 49-54 Published by: Association of Schools of Public Health

Successful strategies for epidemic control in these settings depend on adequate recognition and reporting of communicable diseases by group members, cooperation between school or camp officials and public health workers, and high levels of immunity in the general population. Control measures relying on early reporting of cases and rapid vaccination of susceptible persons are not easily undertaken, and as a result, large outbreaks of measles are possible among exempt persons (7). In addition, some groups, such as Christian Scientists, do not recognize physical illness in a way that would allow standard medical diagnosis; therefore, they might be less likely to note or report early manifestations of infectious diseases to public health officials unless they are aware that the manifestations represent a reportable disease. Christian Science practitioners rely on prayer to resolve illness and are specifically warned against making diagnoses, because this would constitute the practice of medicine without a license (8).

**Compulsory immunization is less arbitrary than selective immunization**  
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Review, 2008, 56 Clev. St. L. Rev. 159, 18434 words, NOTE: IMMUNIZING AGAINST ADDICTION: THE ARGUMENT FOR INCORPORATING EMERGING ANTI-ADDICTION VACCINES INTO EXISTING COMPULSORY IMMUNIZATION STATUTES \*, ALEXIS OSBURN +

Mandating anti-addiction vaccination is not an arbitrary or oppressive method of combating drug addiction because it imposes the same requirements on all students. Universal vaccination is the least arbitrary vaccination method and increases vaccination rates.<sup>n221</sup> It is the selective<sup>n222</sup> and individual<sup>n223</sup> vaccination categories suggested by vaccination critics that would cause states to exercise their police powers in an arbitrary manner. An example of what constitutes an arbitrarily enforced vaccination statute can be found in one critic's theory that hepatitis B immunization would be more effective, and less intrusive, if it focused on individuals at high-risk of contracting the disease.<sup>n224</sup> This list would include certain classes of health care workers, prostitutes, intravenous drug users, and immigrants coming to the United States from countries struggling with a hepatitis B epidemic.<sup>n225</sup> Another example comes from a different critic who has suggested that states use genetic testing to assess which children are at the highest genetic risk of succumbing to chemical addiction and focus immunization on those children.<sup>n226</sup> Both of these suggestions would require states to arbitrarily distinguish between students who might be at risk for addiction and students who are less likely to succumb to the disease.

**Selective immunization is empirically less effective**

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Review, 2008, 56 Clev. St. L. Rev. 159, 18434 words, NOTE: IMMUNIZING AGAINST ADDICTION: THE ARGUMENT FOR INCORPORATING EMERGING ANTI-ADDICTION VACCINES INTO EXISTING COMPULSORY IMMUNIZATION STATUTES \*, ALEXIS OSBURN +

[\*182] Not only would risk-based anti-addiction vaccination create an inherently arbitrary and oppressive statute, but risk-based vaccination requirements would also decrease anti-addiction vaccination rates. Risk-based vaccinations are generally much less successful than universally mandated vaccinations.<sup>n227</sup> Although several pediatric associations suggest asthmatic children receive flu vaccines to avoid the serious health complications they could experience if they contract the flu, only one third of children with asthma receive an influenza vaccine.<sup>n228</sup> Likewise, rubella vaccination was originally only recommended for girls,<sup>n229</sup> but the vaccine did not become an effective method of fighting the disease until it was universally required for boys and girls alike.<sup>n230</sup> Based on this knowledge that risk-based vaccination does not adequately protect either the general population or the individuals susceptible to the disease, some experts suggest that the HPV vaccine, currently recommended only for girls, should be administered to boys, too.<sup>n231</sup> Because risk-based compulsory vaccination requirements require inherently arbitrary enforcement, anti-addiction vaccines should be universally required for all incoming students.

**Public opposition to immunizations is growing**

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words, ARTICLE: VANISHING VACCINATIONS: WHY ARE SO MANY AMERICANS OPTING OUT OF VACCINATING THEIR CHILDREN?, Steve P. Calandrillo\*

Despite the judicial proclamations that compulsory vaccination laws do not run afoul of the Constitution or intrude too deeply into individual rights and freedoms, antivaccination sentiments have never been quelled. In fact, opposition to mandatory immunization laws dates back to the very first uses of vaccines.<sup>n238</sup> The same year that Jenner published his groundbreaking work, the "Society of Antivaccinationists" was founded upon the belief that vaccination was an "inappropriate meddling in the work of God."<sup>n239</sup> The Antivaccination League further resisted smallpox vaccination efforts in the 1800s.<sup>n240</sup> While the majority of the population eventually became convinced that the smallpox vaccine was beneficial, a vocal antivaccination minority remains unsatisfied to this day.<sup>n241</sup> The concerns raised by opponents historically are similar to many objections voiced in recent years. Antivaccinationists assert the actual medical risks posed by immunizations, as well as their right to religious and personal freedom from unwanted government interference and the protection of their civil liberties.<sup>n242</sup> Further, some well-meaning parents systematically misperceive or overperceive the magnitude of the risks involved, causing them to decide that the dangers of vaccinating are worse than the benefits.

The antivaccination movement is thus making inroads into the minds of parents today, leading many to believe that the cure may be worse than the disease. Since the illnesses that vaccines combat [\*389] are no longer major killers in the United States, far greater attention is paid instead to the risks that immunizations present. Moreover, it is difficult to distinguish accurate safety and risk information from that which is unsupported by mainstream medical research. Growing beliefs

in individualism, civil liberties and freedom from government intrusion add to the resistance.<sup>n243</sup> Lawsuits based on adverse vaccine events have skyrocketed, threatening manufacturers with bankruptcy.<sup>n244</sup> Though Congress passed the National Childhood Vaccine Injury Act to curtail this problem in the mid-1980s, individual exemptions to compulsory vaccination laws have increased unabated. Forty-eight states now allow parents to opt out their children for religious reasons,<sup>n245</sup> the validity of which are questioned by some critics.<sup>n246</sup> More than a dozen states provide "philosophical" opt-outs as well, often requiring no more than the mere checking of a box to legally enroll one's child in school without any immunizations.<sup>n247</sup> Not surprisingly, "hot spots" are now cropping up all over the country where as many as 1 in 5 children are not protected against the killer diseases of the past.<sup>n248</sup>

**The risks of vaccination are small**

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As a starting point, it is important to realize that absolutely nothing in life is "100% safe" <sup>n250</sup> - unavoidable risks come with every product used or ingested. Even when all reasonable precautions are taken in the manufacture of vaccinations, it is inevitable that adverse reactions will occur. <sup>n251</sup> The great majority of side effects are [\*390] local and minor, such as pain, erythema, inflammation and swelling at the injection site. <sup>n252</sup> These mild complications may occur in up to 50% of vaccines given. <sup>n253</sup> Systemic symptoms specific to each particular vaccine may also occur, including fever, headache, irritability, vomiting, diminished activity and other complications. <sup>n254</sup> For instance, the pertussis vaccine is a rare cause of persistent inconsolable crying, high fever and seizures. <sup>n255</sup> Other more serious reactions to vaccines may occur in exceedingly rare circumstances, such as severe allergic reactions, deafness or brain damage. <sup>n256</sup> Even though these serious risks are extremely rare, Congress has enacted legislation to provide compensation to all children injured by immunizations through the National Childhood Vaccine Injury Act.

**Scientists agree the individual risk of not vaccinating is much larger than the risk of vaccinating**

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It is crucial that Americans, in order to make sensible healthcare decisions, not lose sight of the fact that the actual risks of vaccines must be compared to the risks of not vaccinating - i.e., risk versus risk analysis.<sup>n262</sup> Most scientists believe that the dangers posed by diseases now preventable through immunizations substantially outweigh the risks introduced by vaccines. In general, risk versus risk analysis indicates that opting to receive vaccinations is approximately one thousand times safer than running the chance of contracting the disease itself in order to avoid an adverse immunization event.<sup>n263</sup> The following chart compiled by the CDC illustrates the relative risks of complications from some commonly used vaccines compared to the dangers of the diseases they prevent:<sup>n264</sup>

Significantly, the data indicate that vaccines are on the order of 1,000 to 100,000 times safer than running the risk of contracting any of the above life-threatening diseases.

**Charges of vaccines being generally dangerous or based in corruption are false**

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Calandrillo\*

The Truth - Though a fierce debate rages, many of the contentions detailed above lack mainstream scientific support. Vaccines do not overwhelm an infant's immune system; babies actually possess billions of immunologic cells that are more than capable of responding to millions of different viruses and bacteria. <sup>n292</sup> In fact, vaccines are no more than a "raindrop in the ocean" of what an infant's immune system encounters every day. <sup>n293</sup> Furthermore, vaccines do not erode, but rather create immunity where there once was none. <sup>n294</sup> The protection that results generally lasts forever, though some immunizations must be updated. <sup>n295</sup> Alternative homeopathic treatments are generally not a viable alternative to vaccines, at least if one wishes to avoid disease. <sup>n296</sup> Moreover, pharmaceutical companies contend that vaccines are far from a cash cow. In fact, vaccine prices are often not high enough to prevent manufacturers from exiting the market - only five companies produce vaccines today compared to twenty-five three decades ago.

**Any perception of greater risk from vaccines than the disease only exists *because* people are vaccinated**

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In addition to the vaccine-safety fears that health officials must address, many of the benefits of vaccines are overshadowed by their perceived risks. As more children receive vaccines, the total number (not necessarily percentage) of real and perceived adverse events increases.<sup>n325</sup> Precisely because vaccines are so effective, the annual number of adverse events reported due to immunizations in recent years has been higher than the total number of vaccine-preventable diseases.<sup>n326</sup> Ironically, the success of immunization programs has led to proportionately greater concerns regarding vaccine safety today than worries about the illnesses that vaccines prevent.<sup>n327</sup>

**The internet tricks parents into not voluntarily getting vaccines**

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While the claims detailed above are alarming enough, the rise of the internet as a means for communicating medical information has generated increased fear and uncertainty regarding immunization safety. Last year, Robert Wolfe and colleagues published an eye-opening account of the content contained on a dozen antivaccination websites.<sup>n313</sup> All of the webpages examined stated that vaccines cause illnesses themselves, including autism, SIDS, immune dysfunction, diabetes, neurologic disorders (seizures, brain damage, learning disabilities, and attention deficit disorder), and atopic disorders (allergic rhinitis, eczema, and asthma).<sup>n314</sup> Over 90% reported that vaccines erode immunity, that adverse reactions [\*403] are underreported, and that vaccination policy is motivated by profit.<sup>n315</sup> A majority stated that homeopathy is a viable option to vaccination,<sup>n316</sup> that vaccine immunity is temporary, and that diseases have declined on their own without vaccination.<sup>n317</sup>

Moreover, the design attributes of antivaccination websites added to concerns regarding immunization risks. Anecdotal, emotionally charged stories of children who had allegedly been killed or harmed by vaccines could be found on a majority of sites.<sup>n318</sup> These personal accounts, often accompanied by heartbreaking pictures, encourage "false consensus bias" - the tendency to rely on personal experience rather than systematic, scientific evidence.<sup>n319</sup> Additionally, all of the websites provided access to fellow antivaccination proponents, including links on how to legally avoid immunizations and links to lawyers who will help parents file claims against vaccine manufacturers.<sup>n320</sup>

The problem is compounded by the fact that over 137 million American adults are now online,<sup>n321</sup> and that 80% of those individuals use the internet to seek out health information.<sup>n322</sup> Over half who have visited online health sites consider "almost all" or "most" of the health information reported to be credible.<sup>n323</sup> This is of particular concern since many of the claims made on antivaccination websites have not been peer-reviewed in published medical literature.<sup>n324</sup>

**People are irrational risk evaluators and so cannot be trusted to make their own vaccine decisions**

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Given this backdrop, it is easy to understand how well-meaning parents can overestimate the legitimate risks that vaccines pose to their children. Little media attention is paid to the health achievements made possible by immunizations, but much is given to vaccine-related injuries because of their rarity and ability to shock parents and catch viewers' attention.<sup>n328</sup> A study of vaccine safety versus risk perception published by Yvonne Maldonado in the Journal of the American Medical Association found that misconceptions and overperceptions regarding vaccine risks are common in many communities.<sup>n329</sup> Her study found that one of the most "important misconceptions regarding vaccination is the perceived association of a variety of systemic adverse events linked to specific vaccines."<sup>n330</sup> With respect to the well-publicized concerns that vaccines cause autism, diabetes or multiple sclerosis, she states that the public's perceptions are "based on anecdotal reports or data [\*405] ... that scientifically rigorous studies have refuted."<sup>n331</sup> Unfortunately, recent efforts to improve vaccine safety have led to heightened awareness of the possible adverse effects.<sup>n332</sup> Maldonado concluded that many individuals have a "poor perception of the real and continued risk of exposure and illness due to vaccine-preventable infections," and that it is becoming "difficult for public health practitioners to convey ... a sense of urgency regarding vaccination."<sup>n333</sup>

Furthermore, as a psychological phenomenon, studies indicate that individuals systematically misperceive risk of all kinds. Kip Viscusi has shown that individuals consistently overreact to, and overperceive the risk from, low probability but high tragedy events.<sup>n334</sup> At the same time, people underperceive

the risk of death from more common diseases.<sup>n335</sup> This phenomenon impacts the vaccination arena, as it is far more alarming for a parent to hear about 1 child (out of millions) dying after being given a vaccine than it is to hear about diseases that have killed millions of human beings in the past. For example, in Britain, overperception of the risk posed by the MMR vaccine has caused immunization rates there to drop to 85% nationally since 1998, despite the fact that local measles outbreaks continue to occur and claim far more lives than vaccines ever have.<sup>n33</sup>

**Vaccine exemptions endanger children.**

James Colgrove, Ph.D., M.P.H. [The Ethics and Politics of Compulsory HPV Vaccination.](#) *The New England Journal of Medicine.* Volume 355:2389-2391. December 7, 2006.

Approximately 1 to 3% of U.S. children are excused by their parents from vaccine requirements, though the rate varies from state to state; schools in a few communities have exemption rates as high as 15 to 20%. Activists have sought to liberalize the circumstances under which parents may opt out of vaccine requirements, a trend that reflects the wide variation in people's reasons for rejecting vaccines: devotion to "natural" or alternative healing, libertarian opposition to state power, mistrust of pharmaceutical companies, belief that vaccines are not as safe as experts claim, and conviction that children receive more shots than are good for them.<sup>2</sup> Laws making vaccination compulsory raise unique ethical and policy issues. High levels of herd immunity protect all members of the community, including those who cannot receive vaccines because of medical contraindications. This protection provides a justification for compulsion. The availability of religious or philosophical exemptions mitigates concern about governmental intrusion on individual decision making. Opinions vary, however, about the permissible scope of exemptions. Data show that schools with exemption rates as low as 2 to 4% are at increased risk for disease outbreaks and that children who have been exempted from vaccine requirements have a much greater risk of acquiring infectious diseases than their vaccinated peers.<sup>1</sup> Minors have a right to be protected against vaccine-preventable illness, and society has an interest in safeguarding the welfare of children who may be harmed by the choices of their parents or guardians

**Parents who refuse to immunize their children endanger not only their children but other members of the community as well—four reasons.**

Douglas S. Diekema, MD—University of North Carolina, MPH—University of Washington; and the Committee on Bioethics. Responding to Parental Refusals of Immunization of Children. *Journal of the American Academy of Pediatrics*. 2005. Page 3. <http://pediatrics.aappublications.org/cgi/reprint/115/5/1428>

The benefits provided by most vaccines extend beyond benefit to the individual who is immunized. There is also a significant public health benefit. Parents who choose not to immunize their own children increase the potential for harm to other persons in 4 important ways.<sup>14</sup> First, should an unimmunized child contract disease, that child poses a potential threat to other unimmunized children.

Second, even in a fully immunized population, a small percentage of immunized individuals will either remain or become susceptible to disease. These individuals have done everything they can to protect themselves through immunization, yet they remain at risk. Third, some children cannot be immunized because of underlying medical conditions. These individuals derive important benefit from herd immunity and may be harmed by contracting disease from those who remain unimmunized. Finally, immunized individuals are harmed by the cost of medical care for those who choose not to immunize their children and whose children then contract vaccine-preventable disease.

**Communal vaccination refusal creates cluster communities where people are especially at risk.**

Saad B. Omer, M.B., B.S., Ph.D., M.P.H., Daniel A. Salmon, Ph.D., M.P.H., Walter A. Orenstein, M.D., M. Patricia deHart, Sc.D., and Neal Halsey, M.D. Vaccine Refusal, Mandatory Immunization, and the Risks of Vaccine-Preventable Diseases. The New England Journal of Medicine, May 7, 2009.

Multiple studies have shown an increase in the local risk of vaccine-preventable diseases when there is geographic aggregation of persons refusing vaccination. In Michigan, significant overlap between geographic clusters of nonmedical exemptions and pertussis clusters was documented. 26 The odds ratio for the likelihood that a census tract included in a pertussis cluster would also be included in an exemptions cluster was 2.7 (95% CI, 2.5 to 3.6) after adjustment for demographic factors. In Colorado, the county-level incidence of measles and pertussis in vaccinated children from 1987 through 1998 was associated with the frequency of exemptions in that county.<sup>35</sup> At least 11% of the nonexempt children who acquired measles were infected through contact with an exempt child.<sup>35</sup> Moreover, school-based outbreaks in Colorado have been associated with increased exemption rates; the mean exemption rate among schools with outbreaks was 4.3%, as compared with 1.5% for the schools that did not have an outbreak (P = 0.001).<sup>35</sup> High vaccine coverage, particularly at the community level, is extremely important for children who cannot be vaccinated, including children who have medical contraindications to vaccination and those who are too young to be vaccinated. These groups are often more susceptible to the complications of infectious diseases than the general population of children and depend on the protection provided by the vaccination of children in their environs.

**Non medical exemptions greatly increase the risk of infection.**

Daniel A. Salmon, PhD, MPH, Hopkins Bloomberg School of Public Health,

Mandatory Immunization Laws and the Role of Medical, Religious and

Philosophical Exemptions. August 2002. Page 1-2.

<http://vaccinesafety.edu/exemptreview101503.pdf>

There are individual and societal risks inherent to offering nonmedical exemptions. Salmon et al.<sup>8</sup> conducted a population-based, retrospective cohort study of measles utilizing data (1985 through 1992) collected by the Measles Surveillance System of CDC as well as from annual state immunization program reports on the prevalence of exemptors and vaccination coverage. The study group was restricted to individuals aged 5 to 19 years. To empirically determine and quantify community risk, a mathematical model was developed that examines the spread of measles through communities with varying proportions of exemptors and vaccinated children. On average, exemptors were 35 times more likely to contract measles than vaccinated persons (95% confidence interval (CI), 34-37). Relative risk (RR) varied by age and year. Comparing the incidence among exemptors with vaccinated children and adolescents during the years 1985-1992 indicated that the 1989-1991 measles resurgence may have occurred one year earlier among exemptors. Mapping of exemptors by county in California indicated that exempt populations tended to be clustered in certain geographic regions, increasing their individual and community risk.

**People who refuse immunization are free-riders. They take advantage of herd immunity without participating in it.**

Douglas S. Diekema, MD—University of North Carolina, MPH—University of Washington; and the Committee on Bioethics. Responding to Parental Refusals of Immunization of Children. *Journal of the American Academy of Pediatrics*. 2005. Page 3. <http://pediatrics.aappublications.org/cgi/reprint/115/5/1428>

A parent's refusal to immunize his or her child also raises an important question of justice that has been described as the problem of "free riders."<sup>14–16</sup> Parents who refuse immunization on behalf of their children are, in a sense, free riders who take advantage of the benefit created by the participation and assumption of immunization risk or burden by others while refusing to participate in the program themselves. The decision to refuse to immunize a child is made less risky because others have created an environment in which herd immunity will likely keep the unimmunized child safe. These individuals place family interest ahead of civic responsibility. Although such parents do reject what many would consider to be a moral duty, coercive measures to require immunization of a child over parental objections are justified only in cases in which others are placed at substantial risk of serious harm by the parental decision.

## Healthcare

### **Unvaccinated individuals getting infected creates a huge health care cost**

Universal Immunization to Interrupt Rubella Author(s): Kenneth J. Bart, Walter A. Orenstein, Stephen R. Preblud, Alan R. Hinman Source: Reviews of Infectious Diseases, Vol. 7, Supplement 1. International Symposium on Prevention of Congenital Rubella Infection (Mar. - Apr., 1985), pp. S177-S184

It is estimated that the number of cases of CRS reported to CDC underestimates the total incidence by 90% [30]. With this estimate, "100 cases of CRS have occurred annually in the United States during the past three years. The average estimated lifetime cost of caring for a patient with CRS is >\$220,000 [31]. This needless burden will persist for decades if immunization policies in the United States are limited to the universal immunization of children. We have the opportunity to hasten the elimination of this unnecessary burden. Such recognition has led the United States to undertake an intensification of selected vaccination policies to eliminate indigenous rubella entirely [32]. To accomplish this, we must make further efforts to protect susceptible post-pubertal populations (usually female, but both male and female in some settings) along with the universal immunization of children. Once this has been achieved, universal immunization of children alone will maintain protection.

### **Vaccines dramatically reduce health care costs**

Copyright (c) 2004 University of Michigan Law School University of Michigan Journal of Law Reform, Winter, 2004, 37 U. Mich. J.L. Reform 353, 38848 words, ARTICLE: VANISHING VACCINATIONS: WHY ARE SO MANY AMERICANS OPTING OUT OF VACCINATING THEIR CHILDREN?, Steve P. Calandrillo\*

Vaccines are among the most cost-effective form of health care ever provided. Nevertheless, they continue to be underused worldwide, allowing preventable diseases to remain viable threats to our human and financial resources.<sup>n465</sup> The decision to opt out of vaccination therefore deals a serious monetary blow to our cash-strapped medical system.

For instance, the staggering bill for the U.S. measles outbreak between 1989-91 wound up topping \$ 100 million in direct medical costs, plus 44,000 hospital stays and countless lost work hours.<sup>n466</sup> Low vaccination rates against hepatitis B mean that approximately 12.5% of Americans will become infected at some point in their lifetime.<sup>n467</sup> About 5,000 of those individuals will die each year from hepatitis B-related liver disease, not to mention the \$ 700 million in medical and work loss costs incurred.<sup>n468</sup> Vaccines for poliomyelitis and congenital rubella have resulted in trillions of dollars in savings, and have helped prevent the inhumane suffering previously [\*428] endured by thousands of handicapped, paralyzed or deformed children.<sup>n469</sup> While some argue that continued polio vaccination is unnecessary since the disease is eradicated in the Western hemisphere, Khan and Ehreth contend that the future medical care cost savings from continued immunization (\$ 128 billion) will be almost double the actual financial expense of the vaccine itself (\$ 67 billion).<sup>n470</sup> In addition, they claim that pressing forward with vaccination instead of allowing complacency to set in will prevent 855,000 deaths, 4 million paralytic polio cases and 40 million disability adjusted life years between 1970-2050.<sup>n471</sup>

Moreover, European studies have found that low vaccination coverage against influenza resulted in over \$ 1 billion worth of total costs during Germany's 1996-97 flu epidemic, and almost \$ 2 billion in France during its 1989 outbreak.<sup>n472</sup> U.S. studies have found that \$ 117 in healthcare costs per influenza vaccine are averted when individuals make the decision to be vaccinated instead of opting out.<sup>n473</sup> The financial impact of other vaccines is substantial as well, as Koplan has produced evidence over multiple studies regarding the cost-effectiveness of immunizations for diphtheria, tetanus, pertussis and measles.<sup>n474</sup> Finally, while vaccines save the lives of 3 million global citizens each year, it is estimated that 2 million more deaths (and their associated healthcare resource ramifications) could be avoided if the entire population had access to, and could afford, the vaccines that are currently available.<sup>n475</sup>

Thus, while the decision not to vaccinate clearly implicates an individual's right to freedom of choice, it also has ramifications for societal human and financial resources. Unfortunately, vaccine- [\*429] preventable diseases impose \$ 10 billion worth of healthcare costs and over 30,000 otherwise avoidable deaths in America each year.<sup>n476</sup>

## Drugs

### **Drug addiction is a major problem, vaccines can solve**

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Review, 2008, 56 Clev. St. L. Rev. 159, 18434 words, NOTE: IMMUNIZING AGAINST ADDICTION: THE ARGUMENT FOR INCORPORATING EMERGING ANTI-ADDICTION VACCINES INTO EXISTING COMPULSORY IMMUNIZATION STATUTES \*, ALEXIS OSBURN +

Drug addiction is a neurobiological disease<sup>n11</sup> that is quickly becoming a dangerous epidemic.<sup>n12</sup> The attributes that distinguish meth from other addictive [\*161] illicit drugs are the same attributes that make it particularly dangerous: meth is cheap,<sup>n13</sup> gives its users a longer high,<sup>n14</sup> and can be concocted at home using internet recipes.<sup>n15</sup> Research teams across the country have answered the addiction crisis by engaging in anti-addiction research.<sup>n16</sup> One team at the University of Nebraska has begun research on a vaccine that would eliminate both the high and the addiction that accompany methamphetamine use.<sup>n17</sup>

Combine the above listed factors with teenage attitudes toward meth use,<sup>n18</sup> and states have no choice but to respond to the impending threat<sup>n19</sup> One tool states have utilized to confront threatening epidemics in the past is compulsory immunization.<sup>n20</sup> Since the mid-1800s, states have instituted statutes requiring children to receive certain vaccinations as a prerequisite to attending school.<sup>n21</sup> Those statutes have been upheld as a valid exercise of the state police power since the late-1800s.<sup>n22</sup> The same arguments used to support compulsory vaccination against small pox and measles can be used to support compulsory vaccination against addiction. If states can ever hope to make drug addiction as obsolete as small pox, they must preemptively attack the disease by including anti-addiction vaccinations among those required for school-aged children.

**Drugs, especially meth, are highly destructive**

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Review, 2008, 56 Clev. St. L. Rev. 159, 18434 words, NOTE: IMMUNIZING AGAINST ADDICTION: THE ARGUMENT FOR INCORPORATING EMERGING ANTI-ADDICTION VACCINES INTO EXISTING COMPULSORY IMMUNIZATION STATUTES \*, ALEXIS OSBURN +

Scientists generally categorize addictive drugs into seven families.<sup>n36</sup> Of these families, methamphetamines are within a category that poses a severe danger to society.<sup>n37</sup> Methamphetamines are dangerously addictive stimulants<sup>n38</sup> that severely damage the structure of the brain.<sup>n39</sup> Brain damage can be detected just months after meth use begins,<sup>n40</sup> destroying the areas of the brain that control memory and motor coordination,<sup>n41</sup> as well as emotions, and cravings.<sup>n42</sup> The destruction of dopamine transporters,<sup>n43</sup> the inter-neurotic structures that clear dopamine from the spaces between the neurons, is arguably the most destructive effect methamphetamine use [\*164] has on the brain.<sup>n44</sup> Other forms of brain damage include enlarged right-side ventricles and tissue swelling.<sup>n45</sup>

In addition to serious brain damage, methamphetamine users suffer from a long list of cognitive, physical, and psychological side effects.<sup>n46</sup> Cognitively, meth users have difficulty manipulating information, making inferences, recalling information, and learning from experience.<sup>n47</sup> Chronic methamphetamine use also takes a noticeable toll on a user's physical appearance.<sup>n48</sup> Users often experience nosebleeds, skin lesions on the face and arms, extreme weight loss and malnutrition, and tooth loss.<sup>n49</sup> Finally, meth use can also lead to a variety of psychotic behaviors, including intense paranoia, auditory hallucinations, and homicidal or suicidal behavior.<sup>n50</sup> Although early studies assumed the brain damage caused by methamphetamine use was irreversible, recent studies have determined that long periods of abstinence can reverse, at least in part, some of the damage.<sup>n51</sup>

**Research has produced substantial progress on anti-addiction vaccines**  
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Review, 2008, 56 Clev. St. L. Rev. 159, 18434 words, NOTE: IMMUNIZING  
AGAINST ADDICTION: THE ARGUMENT FOR INCORPORATING EMERGING  
ANTI-ADDICTION VACCINES INTO EXISTING COMPULSORY  
IMMUNIZATION STATUTES \*, ALEXIS OSBURN +

Medical researchers, aware of the tragic effects drug abuse has on a user's body, have spent decades trying to manipulate the body's immune system so that it attacks addictive substances.<sup>n52</sup> The National Institute on Drug Abuse ("NIDA") has funded the majority of anti-addiction research until this point and has recently expanded its [\*165] research goals in a five-year strategic plan.<sup>n53</sup> Most anti-addiction research originally focused on combating nicotine addiction.<sup>n54</sup> Once nicotine vaccines proved successful, researchers across the country started developing vaccines for other highly addictive substances.<sup>n55</sup>

One example of anti-addictive research is the methamphetamine vaccine research currently underway at the University of Nebraska.<sup>n56</sup> A five-person research team comprised of both medical and psychological professors at the university is working to create a vaccine that would blunt both the pleasurable and addictive sensations that accompany methamphetamine use.<sup>n57</sup> The vaccine would be injected into the body,<sup>n58</sup> releasing antibodies from the immune system that would attach to any meth molecules introduced into the body.<sup>n59</sup> Attachment would increase the size of the addictive compound, effectively preventing the molecules from leaving the blood stream and crossing into the brain.<sup>n60</sup> If the methamphetamine molecules fail to enter the brain, dopamine rushes will not flood the neurotransmitters and the "high" that [\*166] accompanies use will not occur.<sup>n61</sup> Most importantly, if the substance does not enter the brain, chemical addiction cannot occur.<sup>n62</sup> The methamphetamine vaccine is still being subject to preliminary testing and, at this time, has not yet been subject to human trials.<sup>n63</sup> Given the serious health threat posed by the

disease of addiction and the availability of vaccines to remedy this disease, vaccines like the one developed at the University of Nebraska should be utilized to their maximum potential.<sup>n64</sup>

**Anti-addiction vaccinations meets all four standards in Jacobson**  
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Review, 2008, 56 Clev. St. L. Rev. 159, 18434 words, NOTE: IMMUNIZING  
AGAINST ADDICTION: THE ARGUMENT FOR INCORPORATING EMERGING  
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IMMUNIZATION STATUTES \*, ALEXIS OSBURN +

Of the various tests proposed to guide states in making compulsory vaccination decisions, the test that should be used is the one identified in *Jacobson v. Massachusetts*.<sup>n209</sup> The human rights test does take more legally significant factors into account than the nature of the disease test, but many of the factors it uses are inconsistent with those identified by the Supreme Court in *Jacobson*.<sup>n210</sup> For a state-mandated vaccination to be upheld, all that needs to be shown is that the four factors set forth in *Jacobson* are met: a public health threat, a remedy bearing a substantial relation to preventing the threat, an application that is not arbitrary and oppressive, and medical exemptions for "unfit" citizens.<sup>n211</sup> Anti-addiction vaccines satisfy all four of these elements.

**Anti-addiction immunization solves a huge public health concern**

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Review, 2008, 56 Clev. St. L. Rev. 159, 18434 words, NOTE: IMMUNIZING AGAINST ADDICTION: THE ARGUMENT FOR INCORPORATING EMERGING ANTI-ADDICTION VACCINES INTO EXISTING COMPULSORY IMMUNIZATION STATUTES \*, ALEXIS OSBURN +

Widespread drug addiction constitutes a serious public health threat.<sup>n212</sup> The threat led President Nixon to declare a "War on Drugs" in 1971.<sup>n213</sup> Since the War on Drugs began, the government has given more than one billion dollars to federally funded anti-addiction research facilities.<sup>n214</sup> Drug addiction threatens the health and safety of the general population<sup>n215</sup> as much as it deteriorates the body of the individual.<sup>n216</sup> The public threat posed by illicit drug addiction may involve criminalized conduct, but addiction is a legitimate medical disease.<sup>n217</sup> It is not, as some may argue, a purely behavioral choice.<sup>n218</sup>

[\*181] In the end, the pertinent question is not whether drug addiction is caused by an allegedly behavioral choice, but whether drug addiction poses a substantial public health risk. Once that has been proven, the legislature need only progress upon a theory that is "at least an effective" method of protecting the public welfare.<sup>n219</sup> Vaccination has historically proven to be a very effective method of combating disease, and if anti-addiction vaccines continue with the same level of success, antiaddiction vaccines will undoubtedly be an effective method of protecting the public welfare.<sup>n220</sup> Because drug addiction is a legitimate medical disease with side-effects that constitute a serious public health threat, anti-addiction vaccination satisfies both prongs of Jacobson's means-ends test.

## **Vaccinate Health Care Workers**

**Mandatory flu vaccination for healthcare workers is necessary to make the population resistant to an influenza outbreak.**

Olga Anikeeva, BHealthSci, Annette Braunack-Mayer, PhD, and Wendy Rogers, PhD, DipObs, MRCGP, FRACGP, University of Adelaide. Requiring Influenza Vaccination for Health Care Workers. Health Policy and Ethics, May 2008.

These findings highlight the fact that, despite the value of vaccination, health care workers are notoriously noncompliant with vaccination regimes.

International guidelines recommend annual vaccination for all health care workers with patient contact,<sup>10</sup> but worldwide, rates of influenza immunization among health care workers range between 2% and 60%,<sup>11</sup> well below the 83% to 94% required for the whole population to be resistant to spread of an influenza virus.<sup>12</sup> Health care institutions have used a variety of methods to increase immunization rates among employees, including education, reminder notices, small incentives, easy access to free vaccination, active promotion within the workplace, and compulsory vaccination as a condition of employment. <sup>13–19</sup> Most of these programs have achieved only small increases in vaccination rates, apart from employment-related mandatory vaccination.

**Mandatory swine flu vaccinations for health care workers is necessary to decrease the spread of the disease.**

Marc Siegel—Medical Professor at New York University. [Vaccinate Health Care Workers: It's a Must for Combating the Spread of Swine Flu](#). Forbes.com, October 7, 2009.

The decision on whether to make the vaccine for the novel H1N1 swine flu mandatory for health care workers is not a moral or an ethical problem. It is a question of simple public health mathematics. In this case the math is on the side of the vaccine. When doctors and nurses are infected, they expose sick patients to the infection. Since H1N1 swine flu is easily transmissible (for every person who has it, at least 1.5 additional people are infected), and since pregnant women, children, and those with chronic conditions are at greater risk of complications and even death, the purpose of vaccinating health care workers is to decrease the amount of circulating virus and lower the risk that it will spread to those in higher risk groups. If I, as a practicing internist, am vaccinated against swine flu, the chances that I will give it to my patient who is pregnant or has chronic obstructive pulmonary disease, or bring it home to my 4-year-old child with asthma, are much lower.

**Healthcare workers should become immunized now because the swine flu virus has the potential to become more serious and deadly.**

Marc Siegel—Medical Professor at New York University. [Vaccinate Health Care Workers: It's a Must for Combating the Spread of Swine Flu](#). Forbes.com, October 7, 2009.

No one has to work in a hospital or clinic or medical office. But if you decide to, you are assuming a greater risk of encountering the swine flu along with an obligation not to act as an unwitting spreader of diseases that can kill. This is the same type of obligation that a parent has when he or she signs her child up for school. Mandatory vaccination of health care workers is especially important in an emerging pandemic, which though it is still relatively mild, has shown the capability of causing severe illness and death, and can also get worse as it continues to spread. The seasonal flu has been less problematic for younger people, but I believe that the elderly (over 30,000 die of seasonal flu related complications every year) are sufficiently at risk that the health care workers who treat them should be vaccinated every year for the flu, not just when a pandemic hits.

**The potential harm to patient health necessitates mandatory vaccinations for healthcare professionals**

Charles M Helms, Philip M Polgreen—University of Iowa Carver College of Medicine, Department of Internal Medicine. Should influenza immunisation be mandatory for healthcare workers? Yes British Medical Journal, October 28, 2008. [http://www.bmj.com/cgi/content/full/337/oct28\\_3/a2142?rss=1](http://www.bmj.com/cgi/content/full/337/oct28_3/a2142?rss=1)

Critics of mandating vaccination base their opposition on the ethical principles of liberty, autonomy, choice, and self determination. Although these are important considerations, we believe that the risk of harm to a patient from influenza in the healthcare setting is far greater than the risk of harm to healthcare workers from immunisation. Moreover, in this era when healthcare institutions and healthcare professions publicly acknowledge their responsibility for patient safety, we think that arguments for autonomy of healthcare workers will not be persuasive, especially to patients who every year are harmed by preventable influenza in the healthcare setting. When considering the safety of patients, we believe the greatest societal good would be derived from mandatory influenza immunisation of healthcare workers.

**Healthcare facilities are especially vulnerable to influenza outbreaks.**

Adam O. Goldstein, MD, MPH; Jean E. Kincade, PhD, RN; George Gamble, PhD; Rachel S. Bearman, MA. POLICIES AND PRACTICES FOR IMPROVING INFLUENZA IMMUNIZATION RATES AMONG HEALTHCARE WORKERS. University of Chicago Journal of Infection Control and Hospital Epidemiology. Vol. 25, No.11. November 2004

Healthcare facilities are an ideal environment for the rapid spread of influenza, and healthcare workers (HCWs) are the primary group of carriers of influenza to their patients.<sup>1,2</sup> Moreover, HCWs often continue to care for their patients even after they develop flu-like symptoms.<sup>3,4</sup> Because of their potential as carriers, HCWs constitute an important group for targeted immunization programs. To prevent or reduce the spread of influenza in healthcare facilities, the Advisory Committee on Immunization Practices recommends annual influenza vaccinations for HCWs who have contact with high-risk patients.<sup>5</sup> Despite these recommendations, only 36% of HCWs in the United States are vaccinated annually against influenza

**Relying on voluntary immunizations for healthcare workers doesn't work. Not enough HCW get vaccinated.**

Adam O. Goldstein, MD, MPH; Jean E. Kincade, PhD, RN; George Gamble, PhD; Rachel S. Bearman, MA. POLICIES AND PRACTICES FOR IMPROVING INFLUENZA IMMUNIZATION RATES AMONG HEALTHCARE WORKERS. University of Chicago Journal of Infection Control and Hospital Epidemiology. Vol. 25, No.11. November 2004

The national rate of HCW influenza immunization stands at 36% despite the fact that vaccination of HCWs would decrease nosocomial outbreaks of influenza, reduce employee absenteeism, reduce disease transmission from employees to patients, achieve significant cost benefits to healthcare institutions, and prevent morbidity in both populations.<sup>4-6,9</sup> Although we did not collect data on actual rates of influenza vaccination, there is little reason to believe that HCWs in North Carolina would have rates above the national average in light of the reported lack of written immunization policies and the reliance on voluntary initiatives to encourage HCWs to obtain an annual influenza vaccination.

**Mandatory vaccination programs for HCW, even with the declination option, raise vaccination rates higher than distribution and education.**

Thomas R. Talbot, MD, MPH, Vanderbilt University Medical Center. Improving Rates of Influenza Vaccination Among Healthcare Workers: Educate; Motivate; Mandate? University of Chicago Journal of Infection Control and Hospital Epidemiology February 2008, vol. 29, no. 2.

To date, relatively few institutions' experiences with declination statements have been detailed in peer-reviewed literature. In a study involving the Cleveland Clinic, 22 HCW influenza vaccination rates remained below institutional goals despite an extensive influenza vaccination campaign that included decentralized distribution of vaccination, vaccination advocates, visible administrative support, and educational programs. A modest increase in vaccination coverage was noted after the introduction of a "mandatory" program that included signed declination for vaccination refusal, enhanced administrative support, educational events, and incentives for vaccination. With the use of an Internet-based form to record declination, vaccination rates increased significantly, from 38% to 55% of HCWs (a 9-year high for the institution), although 31% of HCWs declined vaccination.

## **Negative Evidence**

### **Public/Political Backlash**

#### **CV causes all sorts of political backlash**

Compulsory vaccination and conscientious or philosophical exemptions: past, present, and future. Daniel A Salmon; Stephen P Teret; C Raina MacIntyre; David Salisbury; et al. *The Lancet*; Feb 4-Feb 10, 2006; 367, 9508; Platinum Periodicals. pg. 436

The UK has a history of struggle with compulsory vaccination. After a report in 1850 by the Epidemiology Society, the Vaccination Act of 1853 required smallpox vaccination in England and Wales. This law galvanized the anti-vaccination movement, which was jointed not only by those against vaccination, but also by opponents to intrusion by governments on personal autonomy. Political candidates were chosen solely on their position on vaccination. In 1856, 20000 demonstrators took to the streets of Leicester for an anti-vaccine demonstration.

**Anti-vaccine advocates will lash out because they believe CV is a step towards totalitarianism**

Compulsory vaccination and conscientious or philosophical exemptions: past, present, and future. Daniel A Salmon; Stephen P Teret; C Raina MacIntyre; David Salisbury; et al. *The Lancet*; Feb 4-Feb 10, 2006; 367, 9508; Platinum Periodicals. pg. 436

For compulsory vaccination to work as planned, the great majority of the population must be willing to be vaccinated. TO force vaccination on children of parents who have strong convictions against vaccination could create a public backlash and serve to galvanize anti-vaccine groups. During the public concerns about the safety of MMR in the UK during the early 2000s, introduction of compulsory vaccination would probably have been unacceptable.

There are remarkable similarities between the arguments of the 19<sup>th</sup> century European anti-vaccination movement and the present movement in the USA, including the belief that compulsory vaccination is a move toward totalitarianism.

## **CV is not effective**

### **Vaccine does not uniquely provide for more protection**

Professor Walter R Schumm. Bioterrorism and Compulsory Vaccination. Arguments for current vaccines are based on inadequate support for older vaccines. BJM Publishing Group.

<http://www.bmj.com/cgi/content/full/329/7472/977-c>

Jefferson discussed some of the major flaws of the study by Brachman et al with respect to policies making certain vaccines compulsory in the US military.<sup>1,2</sup> Additional shortcomings of the study by Brachman et al have been described in fuller detail elsewhere.<sup>3-5</sup> For example, the often reported rate of 92.5% effectiveness for the anthrax vaccine sounds impressive but should be considered against the actual results in which 99.7% (378/379) of vaccinated workers avoided anthrax infection compared with 96.4% (399/414) of placebo workers. Thus the vaccine protected only an additional 3.3% of workers compared with no treatment.

**There is not enough evidence for bioterrorism to warrant forced vaccines**

Tom Jefferson. 2004. Bioterrorism and Compulsory Vaccination. BJM Publishing Group. <http://www.bmj.com/cgi/content/full/329/7465/524>

The US effort to prevent the effects of infectious agents by vaccination seems to be based on an unproved threat and the availability of old vaccines for which relatively few controlled data exist. Whether a credible threat will provide a rationale for the use of current vaccines in future confrontations is not known. Intelligence or its interpretation by politicians has proved to be fallible. Attention has been paid to the surveillance of recipients of both types of vaccines, but such methods are no substitute for large, well designed field trials powered to detect both serological responses and rare but potentially important adverse events. Although field trials are expensive, logistically difficult to undertake, and unlikely to answer the issue of vaccine effectiveness during a terror attack, investment in evaluation and in better and safer vaccines surely must be a requisite to have credible compulsory immunisation programmes involving huge numbers of adults of reproductive age. Until such time, the choice of whether to be vaccinated or not should be left to the individual.

**Current use of vaccines against human papillomavirus (HPV) is ineffective**

Madelon Lubin Finkel. Truth, Lies, and Public Health. Greenwood Publishing 2007. Ph.D. Research at Cornell University

First, the vaccine is expensive. Second, the vaccine offers no protection against other specific types of HPV that can also cause cervical cancer (there are more than 120 known HPV types, and 27 are known to be transmitted through sexual contact). The vaccine targets two of the most common high-risk HPVs, type 16 and 18, which cause 70% of all cervical cancers, and HPV types 6 and 11, which cause about 90% of all cases of genital warts. Third, it is unknown whether the vaccine's protection against HPV-16, in particular, is long-lasting. Fourth, since the vaccine works only against specific kinds of HPV, regular Pap tests should still be performed. And, fifth, the vaccine is targeted only to females, leaving the males to serve as an asymptomatic reservoir for the virus.

## **Alternatives**

### **Governments should enact policies that make up for externalities caused by exemptions**

Anthony Ciolli. Religious & Philosophical Exemptions to Mandatory School Vaccinations: Who Should Bear the Costs to Society? 2008. Missouri Law Review Appellate Law Clerk to Chief Justice Rhys S. Hodge, Supreme Court of the Virgin Islands.

Because those who take religious or philosophical exemptions “do not bear these negative externality costs or harms directly,” they “may not take them into account in making their decision not to be immunized.”<sup>38</sup> As a result, these individuals “place those with weakened immune systems due to age or infirmity in harm’s way,” as well as “allow[] disease hot spots to emerge” and impose a significant financial burden on state and federal governments and the health care system.<sup>39</sup> Governments may reduce the impact of such negative externalities, then, by instituting policies that cause those who take such exemptions to bear a significantly greater portion of those externalities than they do under the current system.

**Alternative can allow for choice, but tax those who exempt (NY city plan)**

Anthony Ciolli. Religious & Philosophical Exemptions to Mandatory School Vaccinations: Who Should Bear the Costs to Society? 2008. Missouri Law Review Appellate Law Clerk to Chief Justice Rhys S. Hodge, Supreme Court of the Virgin Islands.

New York City's response to recent judicial rulings greatly expanding the scope of New York State's religious exemption demonstrates that penalizing communities that take advantage of unnecessary or insincere religious exemptions may greatly reduce the number of such exemptions that are actually filed. Although the judiciary has eroded the state government's ability to prevent even blatantly insincere individuals from taking advantage of the religious exemption, the New York City Board of Education has instituted policies to punish public schools that enroll unvaccinated children.

Most notably, the Board of Education fines principals \$2,000 for every day that an unvaccinated child is in school – even if the child is not vaccinated due to a religious exemption.

This New York City Board of Education policy has successfully reduced the number of unvaccinated children in its schools despite the presence of a very broad religious exemption imposed by the judiciary.<sup>41</sup> The Board of Education's \$2,000-a-day fine serves to align the interests of those who may take insincere or unnecessary religious exemptions with the interests of the rest of society. Individuals who opt for a religious exemption simply because it is cheaper and easier than actually immunizing their children may now choose vaccination, for not vaccinating their children will result in a known, tangible harm to their children's public school and, by extension, their children's education. Similarly, community members who might otherwise remain silent – particularly in religious communities where certain congregation members may distrust or fear vaccinations even though vaccinations are not forbidden by church doctrine –

may encourage parents to vaccinate their children in order to avoid such penalties.

**Taxing those who do not get immunized circumvents the school's financial incentive to not have child immunization**

Anthony Ciolli. Religious & Philosophical Exemptions to Mandatory School Vaccinations: Who Should Bear the Costs to Society? 2008. Missouri Law Review Appellate Law Clerk to Chief Justice Rhys S. Hodge, Supreme Court of the Virgin Islands.

But the New York City plan eliminates these perverse financial incentives, for the \$2,000 a day fine will offset – and likely even exceed – any financial benefit gained from allowing or encouraging dishonest exemption requests. In fact, the Board of Education's policy has caused New York City schools to play a very active role in promoting the benefits of vaccination and scrutinizing exemption requests.<sup>44</sup> Although it is unlikely, given recent judicial rulings, that a New York City school could actually deny a religious exemption if challenged in court, empirical evidence demonstrates that even the slightest amount of administrative scrutiny during the exemption request process results in a significant reduction in the number of individuals who actually obtain an exemption

**Taxing exemptions motivates immunizations and encourages more scrutiny on medical exemptions**

Anthony Ciolli. Religious & Philosophical Exemptions to Mandatory School Vaccinations: Who Should Bear the Costs to Society? 2008. Missouri Law Review Appellate Law Clerk to Chief Justice Rhys S. Hodge, Supreme Court of the Virgin Islands.

The New York City plan, while “punishing” the community as a whole by fining the local public school, actually benefits the entire community both by giving schools a financial incentive to make high mandatory immunization rates an institutional priority, and by causing many “soft” objectors to immunization to drop their exemption requests after encountering even just the first level of red tape from their local school. While fining schools \$2,000 a day even for those with valid medical exemptions may appear harsh, one must consider such fines in the context of the high costs of containing and treating an outbreak of a preventable disease in that school district, which would far exceed the dollar amount of fines collected.<sup>49</sup> Furthermore, applying such a fine to valid medical exemptions provides an incentive to more greatly scrutinize medical exemptions – for instance, the New York City Board of Education has discovered that many medical exemption requests are “based on quackery” and do not actually withstand medical scrutiny.<sup>50</sup>

**Religious schools exemptions can be taxed by annual fees**

Anthony Ciolli. Religious & Philosophical Exemptions to Mandatory School Vaccinations: Who Should Bear the Costs to Society? 2008. Missouri Law Review Appellate Law Clerk to Chief Justice Rhys S. Hodge, Supreme Court of the Virgin Islands.

How could a state government allocate costs in such a situation? This is a very difficult question, since the decision of a relatively small percentage of a religious community's population not to immunize their children could cause a loss of herd immunity and result in an epidemic. Furthermore, the total costs of treating such an epidemic are likely well beyond the means of this small percentage of the community. But while such realities may make it very difficult, if not impossible, for governments to completely shift the costs of such negative externalities onto those that cause them, governments may still take certain steps to ensure that such groups bear a greater share of the total cost.

For instance, the federal or state governments may mandate that individuals who have not vaccinated their children because of a religious or philosophical exemption pay an annual fee, consisting of a percentage of their income, to a fund set aside to deal with the costs of such outbreaks, with "innocent" victims of these outbreaks – such as those with compromised immune systems – having their medical and other costs reimbursed. Such a fund would not only more equitably distribute costs, but the existence of a fee would also separate those with sincere convictions from those who do not wish to spend the time and money necessary to vaccinate their children.

**Taxing based on religious exemptions does not violate the right to practice religion**

Anthony Ciolli. Religious & Philosophical Exemptions to Mandatory School Vaccinations: Who Should Bear the Costs to Society? 2008. Missouri Law Review Appellate Law Clerk to Chief Justice Rhys S. Hodge, Supreme Court of the Virgin Islands.

Some may object to a state or federal tax that appears to discriminate based on religious beliefs. However, one must remember that the right to “religious freedom” is not absolute, and the right to practice one’s religion does not give an individual free reign to trample on the fundamental rights of others. Federal and state governments have commonly passed legislation that “discriminates” against customs, such as female circumcision,<sup>55</sup> that are disproportionately practiced by members of certain religions, for banning or regulating such customs benefits society as a whole. One must also consider that the federal government has frequently used the tax system to promote certain religious-based values or practices over others – for instance, federal and state governments have tied many financial and other benefits to marriage.

As discussed earlier,<sup>57</sup> use of religious exemptions by even a small percentage of a community can jeopardize herd immunity and cause significant monetary damages and immeasurable human suffering, much of which will be borne by innocent third parties. Given this fact, taxing individuals who proactively choose to opt out of society’s primary method of preserving herd immunity in order to both compensate victims and provide an incentive to immunize one’s children would not serve as an unnecessary intrusion on one’s religious freedom.

**Taxing exemptions is a fair middle-ground for the religious and the rest of society**

Anthony Ciolli. Religious & Philosophical Exemptions to Mandatory School Vaccinations: Who Should Bear the Costs to Society? 2008. Missouri Law Review Appellate Law Clerk to Chief Justice Rhys S. Hodge, Supreme Court of the Virgin Islands.

In fact, such a system may serve as an effective middle ground between the current system and outright elimination of religious exemptions.

Religious and philosophical exemptions to mandatory vaccinations would be regulated similarly to the tobacco industry. Currently, those who use tobacco products incur heavy taxes meant to deter individuals from smoking and simultaneously compensate governments, victims of second-hand smoke, and others who suffer from the negative externalities caused by tobacco products.

Likewise, religious and philosophical exemptions would remain available, but those who voluntarily decide to use them would be required to pay a tax to compensate society for the resulting negative externalities.

**Alternative solution is to raise standards for getting an exemption until net number of exemptions is stable**

Religious and Philosophical Exemptions from Vaccination Requirements and Lessons Learned from Conscientious Objectors from Conscription Author(s): Daniel A. Salmon and Andrew W. Siegel Source: Public Health Reports (1974-), Vol. 116, No. 4 (Jul. - Aug., 2001), pp. 289-295 Published by: Association of Schools of Public Health

It is particularly difficult to address sincerity of beliefs: How does one prove sincerity? One approach that can be considered is the willingness of an individual to overcome barriers to achieving the goal (of claiming an exemption). If the process is very simple, as is in some states, anyone with even the slightest desire to claim an exemption can easily do so. Conversely, if the state demands more proof of sincerity for claiming an exemption, those whose beliefs are not as strong may decide not to pursue an exemption. What would have been the frequency of conscientious objectors from conscription had the Selective Service granted conscientious objector status as easily as California grants immunization exemptions? The Supreme Court expansion of conscientious objector status to include people with strongly held philosophical beliefs poses some difficult issues for immunization exemptions. In principle, scrutinizing the sincerity of a parent's beliefs based on a perhaps arbitrary boundary (religion vs. philosophy) may not be just and risks public backlash. Moreover, as Justice Harlan argued, such a boundary may fail to be neutral and thus violate the Establishment Clause of the First Amendment. Yet, expansion of philosophical exemptions could easily lead to more exemptions and, consequently, greater risk of disease.<sup>10</sup> If states are able to expand the definition of nonmedical exemptions to include philosophically based beliefs, and at the same time ensure a system that requires individuals who are applying for exemptions to meet carefully constructed criteria demonstrating strong sincerity of belief, it may be possible that the expanded definition will have little or no effect on the overall number of exemptions. This

approach, if successful in changing the criteria for permitting exemptions without affecting the frequency of exemption, would have zero effect on total disease incidence but would assist in fair and equitable allocation of exemptions. This approach presents a very fine line for legislators to walk; yet it may offer state legislatures a strategy in addressing these difficult and often controversial issues. Another approach that states can consider is to require parents who are seeking philosophical or religious exemptions for their children to attend individual educational counseling provided by a nurse or health educator. In this way the parents can be made aware of vaccine issues and be told of the individual and societal risks of not vaccinating.

**Shifting negative externality costs onto those who exempt themselves is analogous to tobacco taxes**

Anthony Ciolli. Religious & Philosophical Exemptions to Mandatory School Vaccinations: Who Should Bear the Costs to Society? 2008. Missouri Law Review Appellate Law Clerk to Chief Justice Rhys S. Hodge, Supreme Court of the Virgin Islands.

In fact, such a system may serve as an effective middle ground between the current system and outright elimination of religious exemptions. Religious and philosophical exemptions to mandatory vaccinations would be regulated similarly to the tobacco industry. Currently, those who use tobacco products incur heavy taxes meant to deter individuals from smoking and simultaneously compensate governments, victims of second-hand smoke, and others who suffer from the negative externalities caused by tobacco products. Likewise, religious and philosophical exemptions would remain available, but those who voluntarily decide to use them would be required to pay a tax to compensate society for the resulting negative externalities.

#### **Four alternatives to compulsory immunization**

Isaacs, D., Kilham, H. A., & Marshall, H. (2004). Should routine childhood immunizations be compulsory? *Journal of Paediatrics and Child Health*, 40, 392-396

##### i) Education

If education of the community and of health care providers about the benefits of immunization achieves levels of vaccine uptake that prevent circulation of infectious diseases, then it is unnecessary to introduce legislation to compel parents to conform.

##### (ii) Inducements

Inducements may be offered to parents or to providers, such as general practitioners. Inducements to parents usually take the form of linking child care benefit payments and/or maternity benefits to immunization status. Could this be seen as a form of coercion, particularly to poorer families who are far more dependent on such welfare payments? A communitarian might argue that if society provides child and family payments, it is reasonable for society to expect and even demand that children be immunized to help protect the whole community. A comparable situation might be taxes on cigarettes and alcohol. To ban cigarettes or alcohol infringes autonomy and is too coercive. Taxation is less coercive and is proportional (the more you smoke and drink the more you pay). Both taxation of cigarettes and financial penalties for non-immunization follow principles of distributive justice. Smoke if you must, but your taxes will offset the cost to society of smoking-related illnesses. If you choose not to immunize your child, the benefit payments saved will help pay for the cost of infectious diseases.

##### (iii) School exclusion during outbreaks

In New Zealand and some states of Australia, evidence of children's immunization status must be presented at school entry<sup>18</sup>. Immunization status rather than immunization is compulsory. Unimmunized children are excluded from school during outbreaks.

(iv) Outbreak legislation

It is possible to enact emergency legislation to compel immunization in the event of an outbreak, such as an influenza pandemic or a bioterrorist smallpox attack. On the other hand, compulsion is scarcely likely to be necessary when the threat of death is very high.

## **Lack of information**

### **CV for H1N1 has no reliable data to back up the threat**

Michel Chossudovsky. The H1N1 Swine Flu Pandemic: Manipulating the Data to Justify a Worldwide Public Health Emergency Global Research, August 25, 2009 <http://globalresearch.ca/index.php?context=va&aid=14901>. Author and economics professor Michel Chossudovsky is Director of the Centre for Research on Globalization, Montreal, He has taught at universities and academic institutions in North America, Western Europe, Latin America, Asia and the Pacific. He has also worked as a consultant on issues pertaining to public health and the economics of health for the Canadian International Development Agency (CIDA), the United Nations Population Fund (UNFPA), the World Health Organization (WHO) and the Economic Commission for Latin America and the Caribbean (ECLAC). He has also acted as adviser to governments of developing countries.

#### Reliability of the Data:

The spread of the disease is measured by country-level reports of confirmed and probable cases.

How reliable is this data. Does the data justify a Worldwide public health emergency, including a \$40 billion dollar vaccination program which largely favors a handful of pharmaceutical companies? In the US alone, the costs of H1N1 preparedness are of the order of 7.5 billion dollars.( See Flu.gov: Vaccines, Vaccine Allocation and Vaccine Research)

Following the outbreak of the H1N1 swine flu in Mexico, the data collection was at the outset scanty and incomplete, as confirmed by official statements.( See Michel Chossudovsky, Is it the "Mexican Flu", the "Swine Flu" or the "Human

Flu"? Michel Chossudovsky Political Lies and Media Disinformation regarding the Swine Flu Pandemic)

The Atlanta based Center for Disease Control (CDC) acknowledged that what was being collected in the US were figures of "confirmed and probable cases". There was, however, no breakdown between "confirmed" and "probable". In fact, only a small percentage of the reported cases were "confirmed" by a laboratory test.

**WHO is unreliable in reporting H1N1 data**

Michel Chossudovsky. The H1N1 Swine Flu Pandemic: Manipulating the Data to Justify a Worldwide Public Health Emergency Global Research, August 25, 2009

On the basis of scanty country-level information, the WHO declared a level 4 pandemic on April 27. Two days later, a level 5 Pandemic was announced without corroborating evidence (April 29). A level 6 Pandemic was announced on June 11.

There was no attempt to improve the process of data collection in terms of lab. confirmation. In fact quite the opposite. Following the level 6 Pandemic announcement, both the WHO and the CDC decided that data collection of individual confirmed and probable cases was no longer necessary to ascertain the spread of swine flu. As of July 10, one month after the announcement of the level six pandemic, the WHO discontinued the collection of confirmed cases. It does not require member countries to send in figures pertaining to confirmed or probable cases.

WHO will no longer issue the global tables showing the numbers of confirmed cases for all countries. However, as part of continued efforts to document the global spread of the H1N1 pandemic, regular updates will be provided describing the situation in the newly affected countries. WHO will continue to request that these countries report the first confirmed cases and, as far as feasible, provide weekly aggregated case numbers and descriptive epidemiology of the early cases. (WHO, Briefing note, 2009)

Based on incomplete and scanty data, the WHO nonetheless predicts with authority that: "as many as 2 billion people could become infected over the next two years — nearly one-third of the world population." (World Health Organization as reported by the Western media, July 2009).

The statements of the WHO are notoriously contradictory. While creating an atmosphere of fear and insecurity, pointing to an impending global public health

crisis, the WHO has also acknowledged that the underlying symptoms are moderate and that "most people will recover from swine flu within a week, just as they would from seasonal forms of influenza" (WHO statement, quoted in the Independent, August 22, 2009).

**CV against terrorist attacks is based on an unproved threat**

News-medical.net. Compulsory vaccination against terrorist attack is unjustified  
September 2004. <http://www.news-medical.net/news/2004/09/04/4509.aspx>

In 1997 the United States began a compulsory anthrax vaccination programme for military personnel. In 2002, a similar programme also involving civilians, was started against smallpox. Yet these programmes rely on old vaccines for which relatively few data exist, writes Tom Jefferson.

For instance, no large scale trial of the US anthrax vaccine (AVA) has ever been conducted, and trials of the current smallpox vaccine have recently been halted because of safety concerns. Despite this, the website of the United States anthrax vaccine immunisation programme claims proved protection against inhalation anthrax, says the author. Newer vaccines are currently being developed but are a long way from field testing.

"Although field trials are expensive and complex, investment in evaluation and in better and safer vaccines surely must be a requisite to have credible compulsory immunisation programmes involving huge numbers of adults of reproductive age," adds the author. "Until such time, the choice of whether to be vaccinated or not should be left to the individual."

### **Current tests on vaccines are insufficient to warrant CV**

Ingri Cassel and Dewey Duffel. Why the compulsory vaccination laws must be repealed Now. October 2006 Idaho Observer

Each vaccine is licensed based solely upon the its ability to produce antibodies to a particular antigen. No vaccine that is currently licensed in the U.S. has been tested scientifically by comparing the total health status of a completely unvaccinated population versus a vaccinated population. Although independent scientists, researchers and independent journalists have encouraged the NIH and CDC to conduct such a study, there is no interest on the part of our government to conduct such an important study.

### **Safety tests for vaccines are unreliable**

Chiropractors and Vaccinations: Ethics is the Real Issue *Complementary Health Practice Review* 2009; 14; 36 originally published online Feb 26, 2009;  
Leonard F. Vernon and Christopher Kent

In February of 2007, reports in the United States of cases of infants suffering intussusception as a result of taking a new vaccine RotaTeq against the rotavirus, prompted the US FDA to issue a warning after 28 cases of the life-threatening condition were linked to the vaccine. The manufacturer, Merck, said RotaTeq was safe and was tested in trials involving 70,000 infants (Gillis, 2006). Herein lies another problem: How is safety determined? In the United States, the postlicensure program for vaccine safety is a cooperative effort between the Centers for Disease Control and Prevention (CDC) and the FDA. The Vaccine Adverse Event Reporting System (VAERS) is a postmarketing safety surveillance program, which collects information about adverse events that occur after the administration of US licensed vaccines. VAERS consolidates these voluntarily submitted reports of suspected vaccine adverse effects from manufacturers,

health care workers, and patients, looking for clues that might indicate a problem with a vaccine. The question is how reliable are the data? Although the National Childhood Vaccine Injury Act of 1986 (Pub L No 99-660) obliges physicians to submit certain reports, VAERS data are derived from what is best described as “a passive drug safety surveillance program with a highly variable fraction of actual event numbers” (Wise et al., 2000). The government, by its own estimates, agrees that adverse reporting to the system is low, with the FDA estimating that as few as 1% of serious adverse reactions to vaccines are ever reported, and the CDC admitting that only about 10% of such events are ever reported (Department of Health and Human Adverse Event Reporting System, 2007; Kessler, 1993).

## **Costs**

### **In the US alone, VICP has had to pay out over a billion dollars in compensation to families from bad vaccinations**

Ingri Cassel and Dewey Duffel. Why the compulsory vaccination laws must be repealed Now. October 2006 Idaho Observer

Approximately a third of nature of suit codes under which claims can be filed in United States Court of Federal Claims are for death and injury resulting from vaccines. The Vaccine Injury Compensation Program (VICP) has paid out over \$1.2 billion to families as a result of death or permanent injury from state mandated vaccines. In order to receive full compensation from VICP, families must sign a "gag order" to prevent confidence in the federal vaccine program from being undermined.

### **The government spends millions compensating families for vaccinations gone wrong COMPULSORY VACCINATIONS THREATEN RELIGIOUS FREEDOM**

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The FDA has stated that there are fewer than 10% of serious adverse reactions and deaths following vaccinations. The federal government actually pays families of vaccine-killed or disabled children nearly \$100 million dollars each year and has done so since 1986, through the National Vaccine Injury Compensation Program.

## Externalities

### **Flu vaccines are useless, and increase risks of asthma**

Dr. Mae-Wan Ho and Prof. Joe Cummins. The vaccines are far more deadly than the swine flu Institute of Science in Society - 2009-07-27. Global Research, August 21, 2009

There are widely acknowledged reasons why flu vaccines won't work, as already pointed out with regard to the much touted vaccines against the 'pandemic bird flu' that has yet to materialize [10] (How to Stop Bird Flu Instead, SiS 35). The flu virus changes quickly - even without the help of genetic engineering in the laboratory, and especially with the help of the intensive livestock industry - whereas the vaccines target specific strains. Furthermore, flu vaccination does not give permanent protection, and must be repeated annually; the vaccines are difficult to mass-produce, and some strains won't grow at all under laboratory conditions.

Numerous studies have documented that flu shots give little or no protection against infection and illness, and there is no reason to believe that swine flu vaccines will be different.

A review of 51 separate studies involving more than 294 000 children found that in children aged from two years, nasal spray vaccines made from weakened influenza viruses and injected vaccines made from the killed virus prevented 82 and 59 percent of illnesses. The prevention of 'flu-like illness' caused by other types of viruses was only 33 and 36 percent respectively. In children under the age of two, the efficacy of inactivated vaccine was similar to placebo. It was not possible to analyse the safety of vaccines from the studies due to the lack of information, and lack of standardization on the little information available [11]. A report published in 2008 found flu vaccines in young children made no difference in the number of flu-related doctor and hospital visits [12].

On the other hand, a study of 800 children with asthma found that those receiving a flu vaccine had a significantly increased risk of asthma-related doctor and emergency room visits [13]; the odds ratios were 3.4 and 1.9 respectively. This was confirmed in a report published in 2009, which showed children with asthma who received FluMist had a 3-fold increased risk of hospitalization [14]

Flu vaccines are equally useless for adults, including the elderly, giving little or no protection against infection or illnesses including pneumonia (see [9]).

**Vaccines are full of toxic and deadly adjuvants**

Dr. Mae-Wan Ho and Prof. Joe Cummins. The vaccines are far more deadly than the swine flu Institute of Science in Society - 2009-07-27. Global Research, August 21, 2009

Vaccines themselves can be dangerous, especially live, attenuated viral vaccines or the new recombinant nucleic acid vaccines [10], they have the potential to generate virulent viruses by recombination and the recombinant nucleic acids could cause autoimmune diseases.

A further major source of toxicity in the case of the flu vaccines are the adjuvants, substances added in order to boost the immunogenicity of the vaccines. There is a large literature on the toxicities of adjuvants. Most flu vaccines contain dangerous levels of mercury in the form of thimerosal, a deadly preservative 50 times more toxic than mercury itself [9]. At high enough doses, it can cause long-term immune, sensory, neurological, motor, and behavioural dysfunctions. Also associated with mercury poisoning are autism, attention deficit disorder, multiple sclerosis, and speech and language deficiencies. The Institute of Medicine has warned that infants, children, and pregnant women should not be injected with thimerosal, yet the majority of flu shots contain 25 micrograms of it.

Another common adjuvant is alum or aluminium hydroxide, which can cause vaccine allergy, anaphylaxis, and macrophage myofascitis, a chronic inflammation syndrome. In cats, alum also gives rise to fibrosarcomas at the site of injection [15]. Numerous new adjuvants are no better, and could be worse. According to a recent review in a science and business pharmaceutical publication [15], most newer adjuvants including MF59, ISCOMS, QS21, AS02, and AS04 have “substantially higher local reactogenicity and systemic toxicity than alum.”

**Studies do show that vaccinations cause illness**

Chiropractors and Vaccinations: Ethics is the Real Issue *Complementary Health Practice Review* 2009; 14; 36 originally published online Feb 26, 2009;

Leonard F. Vernon and Christopher Kent

Two committees convened by the Institute of Medicine concluded that there are causal relationships of measles–mumps–rubella (MMR) and diphtheria–tetanus–pertussis (DTP) vaccines with anaphylaxis (Howson, Howe, & Fineberg, 1991; Stratton, Howe, & Johnston, 1994). The estimated rates of anaphylaxis range from 50 per million children for MMR to 60 per million children for three doses of DTP. The death rate from anaphylaxis is about 5% (Yocum & Khan, 1994); thus, for every million children given MMR or three doses of DTP, two to three children are expected to die. Of seven studies addressing the possible association of pertussis or DTP immunization with subsequent development of asthma or other allergies (Farooqi & Hopkin, 1998; Henderson, North, Griffiths, Harvey, & Golding, 1999; Hurwitz & Morgenstern, 2000; Kemp et al., 1997; Nilsson, Kjellman, & Bjorksten, 1998; Nilsson, Kjellman, Storsaeter, Gustafsson, & Olin, 1969; Odent, Culpin, & Kimmel, 1994), findings from four studies (Farooqi & Hopkin, 1998; Hurwitz & Morgenstern, 2000; Kemp et al., 1997; Odent et al., 1994) are suggestive of an increased risk of allergic disease with immunization. Evidence from animal and human studies support the hypothesis that vaccinations may be one of many genetic and environmental factors contributing to the increasing prevalence of atopic disease in recent years (Parronchi, Brugnolo, Sampognaro, & Maggi, 2000).

**Vaccine production is and has had risk of error or contamination**

Chiropractors and Vaccinations: Ethics is the Real Issue *Complementary Health Practice Review* 2009; 14; 36 originally published online Feb 26, 2009;

Leonard F. Vernon and Christopher Kent

Problems remain in the manufacturing process of vaccines, even today. Recent vaccine recalls such as the one in December 2007 by Merck & Co. Inc., of about 1.2 million doses of its PedvaxHIB and Comvax immunizations (used to prevent pneumonia, meningitis, and hepatitis B) occurred when, during testing, Merck found certain bacteria in their vaccine manufacturing equipment at the plant where the vaccines are manufactured (MSNBC, 2008). President Gerald Ford, confronted with a potential swine flu pandemic, urged that every person in the United States be vaccinated for the disease; eventually, almost 24% of the population was vaccinated. A halt to the program occurred, when, because of a reaction to the vaccine, about 500 cases of Guillain-Barre' syndrome were found shortly after vaccination occurred (Schonberger, Bregman, & Sullivan-Bolyai, 1979). This resulted in death from severe pulmonary complications for 25 people. In the end, more people died from the vaccine than from the swine flu (Warner, 1999). Other cases of adverse vaccine reactions, and possible links to asthma, multiple sclerosis, and diabetes, have been widely reported in the literature (Classen & Classen, 1997; Gout & Lyon-Caen, 1998; Kemp, Pearce, & Fitzharris, 1997; Wakefield, Murch, & Anthony, 1998).

## **Constitutionality**

### **CV is an assault on individual liberty and also violates the spirit of the constitution**

Attorney Jonathan Emord MANDATORY VACCINATION IS AN ASSAULT ON INDIVIDUAL LIBERTY October 12, 2009. NewsWithViews.com. *Attorney who practices constitutional and administrative law before the federal courts and agencies. <http://www.newswithviews.com/Emord/jonathan101.htm>*

Every state mandates that children be injected with a whole host of vaccines before they enter kindergarten (for diphtheria, tetanus, and acellular pertussis (DTap); polio; measles; mumps; rubella; varicella (chickenpox); conjugate pneumococcus (PCV); hepatitis B; rotavirus; haemophilus influenzae type b (Hib); measles, mumps, rubella (MMR); hepatitis A; and meningococcal (MCVt), not to mention a host of new vaccines required in certain states, including one for the human papilloma virus (Gardasil)). Parents who dissent from the requirement that their children be injected meet with disfavor not only from their pediatricians but also from the authorities who may even construe the refusal to vaccinate as evidence of child abuse or neglect. An allegedly abusive or neglectful parent can lose custody of a child, at least temporarily, to permit the state to vaccinate them forcibly.

Under federal laws adopted post 9/11, the Secretary of HHS can declare a national emergency and order all citizens to be vaccinated. These extreme powers can permit agents of the federal government to enter private residences to compel those inside to receive vaccinations.

Let there be no mistake mandatory vaccination is an assault on individual liberty. It offends the core definition of liberty that underlies our Constitution for a person, against his or her will, to be forcibly injected with a foreign substance. Sadly neither the federal nor the state governments provide any meaningful protection against mandatory vaccination. Instead, it is the rule of law everywhere in this

country that everyone be vaccinated, thus subjecting the vast majority to a bodily intrusion that can have severe side effects for the sake of a minority who are or will become ill. The few exemptions that apply under state law (for religious, medical, and—in certain states—conscientious objections) are increasingly construed narrowly, making it more difficult for parents to escape the demands of public health authorities.

## Government Oppression

### **Vaccination shot wounds have been treated as oppressive methods of identification and citizenship**

Michael Willrich "The Least Vaccinated of Any Civilized Country": Personal Liberty and Public Health in the Progressive Era. Volume 20, Number 1, 2008. Brandeis University. Journal of Policy History. Associate Professor of History at Brandeis University, is the author of *City of Courts: Socializing Justice in Progressive Era Chicago*. He is writing a book on smallpox and "the vaccination question" in the Progressive Era, which will be published by Penguin Press.

Compulsory vaccination measures were on the books for a reason. "It is a fact of common knowledge," the Supreme Judicial Court of Massachusetts declared in 1902, "that smallpox is a terrible disease whose ravages have sometimes swept away thousands of human beings in a few weeks. It is equally well known that a large majority of the medical profession and of people generally consider vaccination, repeated at intervals of a few years, a preventive of the disease."<sup>19</sup> Health officials viewed the mere fact of a smallpox epidemic as, at best, a failure of public resolve, and, at worst, a sign that the United States had yet to enter the ranks of modern "civilized" nations. American officials pointed with admiration to Germany and Japan, where compulsory vaccination and revaccination were universal. They noted as a cautionary tale Great Britain, where Parliament, in the face of massive working-class resistance to compulsory vaccination, had in 1898 created an exemption for "conscientious objectors"—the first official use of that term.<sup>20</sup> The U.S. Marine Hospital Service, the federal public health agency, had no patience for citizen objections or official foot-dragging. "The spread of the disease . . . is so easily prevented under proper management," it declared, "that it is a disgrace to the sanitary authorities of [End Page 80] any State, municipality or locality, whenever this disease is permitted to get beyond control."<sup>21</sup>

A vaccination scar on the upper arm had become a mark of civilization and citizenship. Especially during epidemics, many Americans could not work, send their children to school, or travel freely without showing their vaccination scars. Industrial employers, in acts of benevolence and self-interest, issued vaccination orders of their own. In the winter of 1903, as smallpox raged in the Pennsylvania coke region, the H. C. Frick Company ordered the vaccination of all of its employees and their families: some three hundred thousand men, women, and children.<sup>22</sup> Although not universal, the U.S. system of compulsory vaccination was a formidable public and private regime.

**Courts have empirically defended public health authorities in providing CV regardless of consequence**

Michael Willrich "The Least Vaccinated of Any Civilized Country": Personal Liberty and Public Health in the Progressive Era. Volume 20, Number 1, 2008. Brandeis University. Journal of Policy History.

The courts generally sided with the public health authorities. They granted to the states a power that no appellate court had approved prior to 1890: the power to compel a person to undergo a medical procedure.<sup>35</sup> The courts also protected local governments from liability for the wrongful arrest of suspected smallpox patients,<sup>36</sup> and for injuries, no matter how grotesque, caused by a compulsory vaccination performed negligently or with an impure vaccine.<sup>37</sup> But the vaccination litigants did win some important victories in the courts, including a set of vital protections for personal liberty.

**Courts have extended their protection of public health authorities providing CV inside schools**

Michael Willrich "The Least Vaccinated of Any Civilized Country": Personal Liberty and Public Health in the Progressive Era. Volume 20, Number 1, 2008. Brandeis University. Journal of Policy History.

Although the outcomes of the school vaccination cases varied from state to state—fostering a degree of uncertainty that encouraged more [End Page 84] litigation—the general trend of the case law in the decade after *Duffield* was to uphold the power of state legislatures, public health boards, and local school boards to require vaccination for admission to the public schools. Typically, parents such as Edmund Viemeister of New York argued that public education was a right that the state could not deny. But the courts responded that public education was a privilege, not an absolute right; and when the state granted a privilege, it had the authority to dictate the conditions under which that privilege might be enjoyed.

**CV efforts have even resulted in use of violent force**

Michael Willrich "The Least Vaccinated of Any Civilized Country": Personal Liberty and Public Health in the Progressive Era. Volume 20, Number 1, 2008. Brandeis University. Journal of Policy History.

Three additional protective standards developed in the litigation arising from general vaccination orders, which applied not just to children but to fully competent adult citizens. Such orders were typically issued by local boards of health during epidemics—sometimes under the express authority of a statute, but often not. The orders were often extremely unpopular, especially among the working class, immigrants, and African Americans, who bore the brunt of them. The local health authorities carried out the orders during a public emergency, and their [End Page 85] impatience with resistance led easily to violence, including many documented cases of physical-force vaccination. Reports of excessive force enraged some judges. In 1894, Judge William Gaynor of the Brooklyn Supreme Court lashed out against the city's overzealous health department. Gaynor ordered the release of two Brooklyn expressmen who had been quarantined in a stable after they refused to be vaccinated. "The discretion you claim is limitless," Gaynor thundered at the Brooklyn commissioner of health. "I am of the opinion that you have no such power."

**Physical force vaccination was not uncommon during the smallpox epidemics**

Michael Willrich "The Least Vaccinated of Any Civilized Country": Personal Liberty and Public Health in the Progressive Era. Volume 20, Number 1, 2008. Brandeis University. Journal of Policy History.

Physical-force vaccination was not uncommon during the turn-of-the-century smallpox epidemics. The Supreme Judicial Court sat in Boston, where nineteen Boston residents had recently been prosecuted for refusing to submit to vaccination. Public health board physicians and the police made door-to-door sweeps in working-class neighborhoods. During one nighttime raid on a "tramp hotel" in the South End, a *Boston Globe* reporter looked on in dismay as the police held down struggling men while doctors performed vaccinations on them. The homeless men fought back, uttering "every imaginable threat from civil suits to cold-blooded murder."<sup>51</sup> Like those [End Page 87] "tramps," the Massachusetts justices understood that physical-force vaccination was beyond the pale.

**The extent of US authority includes labeling vaccine resisters as felons**

Rima E. Laibow, Protection From Compulsory Vaccination, Drugging - Your Right to Self-Shield! Natural Solutions Foundation MD Medical Director

The United States Emergency Medical Powers Acts and Federal legislation, including the Patriot Acts I, II and III, BARDA and others provide for mandatory vaccination or drugging. No exemptions (religious or otherwise) are provided. Those who refuse will be classified as felons at the State level, subject to immediate incarceration and quarantine of indefinite length in jails or other facilities reserved for such "vaccine refusers." In a frightening "Big Lie" propaganda move, those who doubt the effectiveness of unproven, uninsurable vaccines are being called "Vaccine Resisters" and being equated to a new form of "terrorism."

**USFG and pharmaceutical companies are working together to force vaccinations onto people**

Dr Mark Sircus. Compulsory Vaccination. 2005. Director International Medical Veritas Association. Founder of Sanctuary Cancer Clinic.

For noncompliance some of the bills order imprisonment and/or quarantine without probable cause or scientific evidence of illness or contamination. There are people and government officials who want to plunge a chemical cocktail into everybody and if it kills kids and old people, well? What this means is that pharmaceutical companies, with the federal government running interference, will unleash new vaccines, specifically the one for the bird flu they are testing, and just too bad if people die from it. Legal and medically justified deaths are waiting for many American children. The cost of a single DTP shot in the US was \$ 11.40...manufacturers were putting aside \$ 8.00 per shot to cover legal damages paid out to parents of brain damaged children who died after vaccinations.(National Institute of Health). The United States, the center of the western world is going down a path that will lead to a living hell on earth. Most people are asleep to the terrors already supported in earnest by the United States government and tend to look the other way like the German's did when they started herding the Jews and Gypsies to the concentration camps.

**CV is as inhumane as Nazi concentration camps**

Dr Mark Sircus. Compulsory Vaccination. 2005. Director International Medical Veritas Association. Founder of Sanctuary Cancer Clinic.

Compulsory vaccination takes us right back to IG Farben and the Nazi concentration doctors who enjoyed experimenting on their fellow human beings. The chances are good that men like Republican Senate Majority Leader Bill Frist (R-TN), and Senate Health, Education, Labor and Pensions Committee Chairman Mike Enzi (R-WY), and Senate Budget Committee Chairman Judd Gregg (R-NH), all sponsors of these bills, will lead human civilization into a medical dark ages that even the Nazi madmen did not achieve. BARDA will operate in secret, exempt from the Freedom of Information Act and the Federal Advisory Committee Act, insuring that no evidence of injuries or deaths caused by drugs and vaccines labeled as "countermeasures" will become public.

**Doctors who inject neurological poisons into kids are glorified by the ignorant majority population**

Dr Mark Sircus. Compulsory Vaccination. 2005. Director International Medical Veritas Association. Founder of Sanctuary Cancer Clinic.

The vast majorities of people do not care though and will not care until someone in their own family falls to the needle. Over eighty percent of the American public herd their children into local medical clinics like sheep to receive each and every vaccine mandated by federal medical officials. This same majority thinks that men and women in white coats are saints and it does not matter to them whether these same people are injecting neurological poisons like mercury into their kids or not. The majority of people have been conditioned down to the level of the idiot when it comes to medicine. The general nature of 'evil' is to not have consciousness of the effect that our actions have on the worlds of others. Thus ignorance and evil are really the same thing.

### **Compulsion creates more ill will towards the state**

Isaacs, D., Kilham, H. A., & Marshall, H. (2004). Should routine childhood immunizations be compulsory? *Journal of Paediatrics and Child Health*, 40, 392-396.

The state already applies coercion to many of our daily activities. Do we want to live in the sort of society that extends coercion to routine immunization? At present, many industrialized countries achieve high levels of immunization without the need for compulsion. If such high levels can be maintained through encouragement and incentives, this effectively achieves the aims of the moderate communitarian, without the need for legislation. Compulsory immunization would be certain to inflame those who already believe that their Government interferes too much with their freedom. What is more, coercion may alter perception of risk. People who are coerced into an action may be more likely to perceive the action as being risky than if they are persuaded into it. Recent examples, albeit adult rather than child, have been the mandatory immunization of military personnel against anthrax and smallpox, which led to many protests and loss of confidence. Most parents trust the assurances of health care professionals that the benefits of immunizing their child outweigh the risks. Making immunizations compulsory renders trust redundant. If State coercion can be avoided in the area of routine childhood immunization, so much the better.

## **H1N1**

### **H1N1 vaccines costs billions and billions of dollars**

Michel Chossudovsky. The H1N1 Swine Flu Pandemic: Manipulating the Data to Justify a Worldwide Public Health Emergency Global Research, August 25, 2009

According to the WHO, Western countries have already ordered one billion doses of the vaccine.

"Northern hemisphere countries have so far ordered more than one billion doses of swine flu vaccine, the World Health Organisation said Tuesday, sparking warnings over shortages," Agence France-Presse reports. While some countries, including Greece, The Netherlands, Canada and Israel, have ordered enough vaccine to inoculate their citizens, "[o]thers, such as Germany, the United States, Britain and France, have put in orders that would cover between 30 and 78 percent of people," (AFP, August 19, 2009).

The WHO has made similar predictions: "Vaccine makers could produce 4.9 billion pandemic flu shots per year in the best-case scenario". (Margaret Chan, Director-General, World Health Organization (WHO), quoted by Reuters, 21 July 2009)

**Intentions to make H1N1 vaccines compulsory has lead to US government throwing billions of dollars at drug companies and even providing total immunity from lawsuits.** Dr. Mae-Wan Ho and Prof. Joe Cummins. The vaccines are far more deadly than the swine flu Institute of Science in Society - 2009-07-27. Global Research, August 21, 2009

The US government is intending to vaccinate all children in September when school re-opens, and the country's vaccine watchdog National Vaccine Information Center (NVIC) has called on the Obama Administration and all state Governors to provide evidence that the move is [6] "necessary and safe", demanding "strong mechanisms for vaccine safety screening, recording, monitoring, reporting and vaccine injury compensation."

The US Departments of Health and Homeland Security had declared a national public health emergency in April soon after the swine flu outbreak. As a result, some schools were closed, people quarantined, and drug companies were given contracts worth \$7billion to make vaccines that are being fast tracked by the Food and Drugs Administration [7]. That means they will only be tested for a few weeks on several hundred children and adult volunteers before being given to all school children this fall.

Furthermore, under federal legislation passed by Congress since 2001, an Emergency Use Authorization allows drug companies, health officials and anyone administering experimental vaccines to Americans during a declared public health emergency to be protected from liability if people get injured. US Secretary of Health and Human Services Kathleen Sebelius has granted vaccine makers total legal immunity from any lawsuits that may result from any new swine flu vaccine. And some states may make the vaccination mandatory by law.

**The swine flu is less deadly than other variants of the flu.**

Alex Newman. The New American. Swine Flu: The Risks and Efficacy of Vaccines. October 14, 2009.

<http://www.thenewamerican.com/index.php/usnews/health-care/2079-swine-flu-the-risks-and-efficacy-of-vaccines>

A primary reason behind caution toward receiving the swine flu vaccine, besides the possible negative effects of the vaccine itself, is that the H1N1 version of the swine flu is not very deadly in comparison with other variants of the flu. Dr. Marc Lipsitch of Harvard University, an expert in infectious diseases, said that swine flu death rates have been overblown, and that the effects of the swine flu outbreak so far are comparable to a mild seasonal influenza. “Barring any changes in the virus, I think we can say we are in a category one pandemic,” he noted. The CDC has five pandemic levels, with one being comparable to the seasonal flu. Others agree. “The good news is that so far, everything that we’ve seen, both here and abroad, shows that the virus has not changed to become more deadly,” said CDC director Thomas Frieden, according to an article in the *Wall Street Journal* entitled “Swine Flu Remains Mild as Vaccine Advances” and another report by Reuters. “That means that although it may affect lots of people, most people will not be severely ill.”

**The swine flu hype is overblown.**

Alex Newman. The New American. Swine Flu: The Risks and Efficacy of Vaccines. October 14, 2009.

<http://www.thenewamerican.com/index.php/usnews/health-care/2079-swine-flu-the-risks-and-efficacy-of-vaccines>

A spokesman for a United Nations agency told a press conference that less than 3,500 people had died so far worldwide because of the increase in infections. Australia's federal Health Minister Nicola Roxon also highlighted the relative mildness of the disease. "Most people, including children, will experience very mild symptoms and recover without any medical intervention," she explained. The flu season in Australia (where it is now spring) is drawing to a close and varying reports put the number of H1N1 virus-related deaths in the country at significantly less than 200. In another recent report released about the swine flu, the CDC analyzed the deaths of the 36 American children whose deaths were linked to the virus. According to the analysis, more than two-thirds of them "had one or more of the high-risk medical conditions" like asthma, cerebral palsy, or muscular dystrophy. Many of the others were dealing simultaneously with bacterial infections. Some experts have also said there is no danger of the virus mutating to become more deadly if it has not happened yet. For instance, Italian oncologist professor Umberto Veronesi said the epidemic is limited in terms of danger since "there will be no mutation in the genes of the flu."

**Mutations will render the swine flu vaccination useless.**

Alex Newman. The New American. Swine Flu: The Risks and Efficacy of Vaccines. October 14, 2009.

<http://www.thenewamerican.com/index.php/usnews/health-care/2079-swine-flu-the-risks-and-efficacy-of-vaccines>

Even if the vaccines were being developed in a safe manner, with safe ingredients, vaccines are not necessarily going to protect someone from getting a certain virus. If the disease mutates, as must happen if the swine flu is to become a major health threat, the inoculation will likely be essentially useless because human antibodies are generally virus-specific. But even if the virus were not to mutate, and even if it were extremely lethal (which it is not), the vaccine may not offer protection. "So-called pandemic vaccines, well we never know whether they'll work," explained Tom Jefferson, an epidemiologist at the Cochrane Institute, about what he believed was an unjustified panic regarding the swine flu. "What the evidence shows, from the hundreds of studies that we have reviewed, is that these vaccines have got a performance [record] which is not very good." He told a Swedish television station that the immunizations usually work best in healthy adults, who are the lowest priority for receiving them anyway, and that the reason for the hysteria is the interests of those selling "a product."

**The swine flu vaccine was hastily developed without proper safety precautions.**

Alex Newman. The New American. Swine Flu: The Risks and Efficacy of Vaccines. October 14, 2009.

<http://www.thenewamerican.com/index.php/usnews/health-care/2079-swine-flu-the-risks-and-efficacy-of-vaccines>

Even though this strain of the swine flu is appearing quite mild, the creation and testing of the vaccine is taking place at a rate that calls into question the safety of the flu shot. Sharon Frey, who is leading the government vaccine testing at St. Louis University, told the Associated Press, "Typically it takes a year to do this," adding, "We're working at breakneck speed." To cut time, corners are likely being cut: inoculations may start before the speedy trials are even over, according to the head of the flu vaccination program at the CDC. Safety tests are being fast-tracked under "public health emergency" rules. This fast-tracking is happening worldwide. Dr. Marc Girard, a specialist in medicine who is commissioned by the French courts, told France 24 in a televised interview that the vaccine could very well cause 60,000 deaths in France alone. "We are developing a vaccine under conditions of amateurism that I have never seen before," he said, noting that the nation's immunization program was placing the public health in grave danger. He added that the government has a duty to protect citizens from the corrupt companies pushing their vaccines, and that people who are creating hysteria about the swine flu or promoting the vaccine have other interests. The channel's health expert agreed with him, warning of the elevated mercury levels and other toxins in the vaccine.

**The lack of safety precautions associated with the swine flu vaccine increases the odds of patients developing Guillain-Barre syndrome, a fatal neurological disease.**

Alex Newman. The New American. Swine Flu: The Risks and Efficacy of Vaccines. October 14, 2009.

<http://www.thenewamerican.com/index.php/usnews/health-care/2079-swine-flu-the-risks-and-efficacy-of-vaccines>

A lack of testing is of more than minor concern. In the United Kingdom, the government's Health Protection Agency (HPA) sent a letter to senior neurologists warning that the new swine flu vaccine is linked to the deadly nerve disease known as Guillain-Barre Syndrome (GBS), the *Daily Mail* reported in an article entitled "Swine flu jab link to killer nerve disease." The leaked HPA letter warned recipients to keep an eye open for GBS and report it immediately. During the swine flu scare of 1976 in the United States, the risk of contracting the paralysis-inducing illness was reportedly eight times greater in those who received the infamous government swine flu vaccine of that year, compared to those who did not. And the shot killed far more people than the actual virus.

**The swine flu vaccine carries an increased risk for dangerous allergic reactions.**

Alex Newman. The New American. Swine Flu: The Risks and Efficacy of Vaccines. October 14, 2009.

<http://www.thenewamerican.com/index.php/usnews/health-care/2079-swine-flu-the-risks-and-efficacy-of-vaccines>

Among other potentially dangerous chemicals and substances commonly found in influenza vaccines are formaldehyde, aluminum, antibiotics, and even ethylene glycol, known as anti-freeze. Health experts have varying opinions about the effects of all of these additives, but it's likely that, at the very least, some people getting the shots may have allergic reactions to the shots' component ingredients. Exacerbating the likelihood of having an allergic reaction to the vaccines is the use of animal cancers in the vaccine's production. Dr. Wolfgang Wodarg, the chairman of the health committee in the German Parliament and the European Council, discussed this concern in an article entitled "German health expert's flu warning — Does virus vaccine increase risk of cancer?" in the German newspaper *Bild*. "The nutrient solution for the vaccine consists of cancerous cells from animals," Wodarg pointed out, and "we do not know if there could be an allergic reaction." Johannes Löwer, the president of the German government's Paul Ehrlich Institute, also warned that the side effects of the shot could be worse than the actual swine flu, according to the *Bild* article.

**The swine flu vaccination program in 1976 was a disaster.**

Alex Newman. The New American. Swine Flu: The Risks and Efficacy of Vaccines. October 14, 2009.

<http://www.thenewamerican.com/index.php/usnews/health-care/2079-swine-flu-the-risks-and-efficacy-of-vaccines>

The most relevant and frequently cited example in relation to the current program is the mass immunization program of 1976 against a supposed outbreak of the swine flu virus. The only people to vote against the program in the House of Representatives were Congressmen Ron Paul and Larry McDonald, both medical doctors. Not only was their vote the only constitutionally appropriate one, the decision to implement the program later proved to be an absolute disaster. “Medically it made no sense to me and politically it sounded like a bad deal,” Rep. Paul recalled in an interview with CNN last May. “Dr. Larry McDonald and I said it was bad medicine, it was bad politics, and it turned out that it was pretty perceptive,” he added, noting that far more people died from the vaccine than the virus. The politicalization of the swine flu scare of 1976 followed a predictable course. After some recruits at Fort Dix in New Jersey contracted the swine flu, the Advisory Committee on Immunization Practices of the United States Public Health Service recommended that the entire U.S. population be vaccinated. The CDC and the federal government decided it was necessary to spend almost \$150 million to immunize “every man, woman and child.” Following a massive government propaganda operation, more potent than the one being witnessed today, millions of Americans dutifully lined up to get their shot. It was safe, effective, and necessary, government officials assured the populace. But the government officials lied. By the time the dust had settled, only one person’s death had been linked to contracting the swine flu, while hundreds of deaths and thousands of grave neurological disorders were attributed to the vaccine. The campaign was suspended after just 10 weeks as the reports of side effects — often fatal — continued to pour in from around the country. The “pandemic” never materialized, but since the government had agreed to exempt vaccine

manufacturers from liability (much like today), taxpayers were on the hook for billions in damages. One of the most common horrors and widely reported consequences of the immunization was the emergence of the paralyzing neurological disease Guillain-Barre Syndrome in some inoculated Americans. Documents prove the CDC knew about the potential for these effects, but citizens were never informed. A CBS 60 Minutes investigation also revealed that the government had even lied in claims it made saying that certain well-known figures had taken the vaccine.

**The swine flu vaccine causes the body's immune system to attack the body's naturally produced squalene reserves, causing joint inflammation.**

Alex Newman. The New American. Swine Flu: The Risks and Efficacy of Vaccines. October 14, 2009.

<http://www.thenewamerican.com/index.php/usnews/health-care/2079-swine-flu-the-risks-and-efficacy-of-vaccines>

According to some researchers, the risks associated with this year's swine flu vaccination are especially profound owing to the use of some questionable ingredients — such as squalene, an adjuvant that is used to reduce the amount of viral antigen required in vaccines, which allows companies to produce more vaccines for less money at a faster rate. Squalene is a naturally occurring oil found in the human brain, joints, and other places. The problem, according to some experts, comes when it is administered in a vaccine. They claim that in this circumstance, the body creates antibodies to attack the oil. And it is believed by many to be responsible for the wide variety of symptoms eventually called collectively “Gulf War Syndrome,” a sometimes debilitating set of phenomena present in a large number of U.S. military personnel who served during the first war in Iraq. “The substantial majority (95%) of overtly ill deployed GWS patients had antibodies to squalene. All (100%) GWS patients immunized for service in Desert Shield/Desert Storm who did not deploy, but had the same signs and symptoms as those who did deploy, had antibodies to squalene,” noted a Tulane Medical School study published in *Experimental Molecular Pathology*. “In contrast, none (0%) of the deployed Persian Gulf veterans not showing signs and symptoms of GWS have antibodies to squalene.” The study has been challenged, but it is still widely cited. The Department of Defense, for example, attacked it for not being peer-reviewed. Once it became peer-reviewed, the Department criticized the lead researcher and the journal that published it. Another study published in the *American Journal of Pathology* highlighted problems with the use of the substance as well. One injection of squalene into

rats led them to develop what humans know as rheumatoid arthritis, or “chronic, immune-mediated joint-specific inflammation.”

## **Moral/Religious objectors**

### **Many individuals have strong religious beliefs against vaccinations**

#### **COMPULSORY VACCINATIONS THREATEN RELIGIOUS FREEDOM**

Mathew D. Staver, Esq. Copyright © 2001 – 2007 J.D., is an American lawyer, academic, professor, and former Seventh Day Adventist pastor. Founding member and Chairman of Liberty Counsel since 1989 and dean of Liberty University School of Law

In addition to the problem of some vaccines derived from aborted tissue, there is a larger problem with mandatory vaccines. Many people have a sincerely held religious belief regarding vaccines in general. These individuals believe that God created the human body as a temple and that the body should not be destroyed by injecting a virus into it. Take, for example, Joseph and Heyde Rotella and Maja Leibovitz of New York City. Both families have a sincerely held religious belief against vaccinations. When the Rotellas had a seventh-grade daughter and Ms. Leibovitz had a second-grade daughter, the school system required that these children receive a mandatory Hepatitis-B vaccination. Hepatitis-B can only be transmitted in one of three ways. Either you are born to a mother with Hepatitis-B, or you contract it by drug use through the sharing of needles, or you contract it through sexual contact. Injecting their children with Hepatitis-B is like the state forcing the parents to give their children clean needles or condoms.

**Autonomous identity is necessary for life to have meaning**

Mass-Vaccination Programmes and the Value of Respect for Autonomy Lotte Asveld Bioethics, Vol. 22, Issue 5, pp. 245-257, June 2008

An identity can be conceived of as a narrative. The narrative of one's life gives meaning to individual events and makes one's actions intelligible to oneself as well as to others. Seemingly anomalous acts can be given meaning within a certain narrative. The logic that connects these events is the logic associated with the unfolding of the life of a person. This logic needs to be coherent enough to sustain a well-defined character.

**An individual has a legitimate right to refuse vaccination if his choice is grounded in autonomy**

Mass-Vaccination Programmes and the Value of Respect for Autonomy Lotte Asveld Bioethics, Vol. 22, Issue 5, pp. 245-257, June 2008

The position of the people refusing participation in a vaccination programme may be considered legitimate if their claims can be considered truly autonomous claims. Truly autonomous claims are those that can be shown to reside in one's identity (personal narrative) and are compatible, in some crucial aspects, with surrounding sociocultural narratives, including those of science.

A claim to a right to be respected in one's autonomy is always a claim within a public sphere. It is always a claim made on others. These others should organize their behaviour in such a way as to allow the individual to enact her autonomous preferences. The claim may be that others should, for instance, accept the fact that the individual refuses to participate in vaccination programmes. The reasons offered to support such claims therefore need to be reasons that others can acknowledge as normative. They need to be reasons that are shared. Such shared reasons are those that spring forth from the aspects of our identity that we share.

**Religious exemptions are legitimate because religion is an integral part of identity**  
Mass-Vaccination Programmes and the Value of Respect for Autonomy Lotte  
Asveld Bioethics, Vol. 22, Issue 5, pp. 245-257, June 2008

The religiously motivated may first of all appeal to the value of respect for autonomy, which, as said above, makes up an important element of the identity of citizens within a modern, democratic society. They may claim they are free to live their life as they see fit. Their claim is recognizable as an authentic claim. These people live their lives dedicated to the service of God: their identity is that of a deeply religious person. To interfere with their religious practice would seriously interfere with their autonomy.

**Philosophical exemptions are legitimate because lifestyle is an integral part of identity**  
Mass-Vaccination Programmes and the Value of Respect for Autonomy Lotte  
Asveld Bioethics, Vol. 22, Issue 5, pp. 245-257, June 2008

The general claim to freedom appears to be founded on a specific identity. It can therefore be considered an autonomous claim. It is an effort to be the person these people want to be. People that refuse vaccination programmes because of a divergent risk perspective are usually involved in a specific, so-called 'alternative' lifestyle. 28 This alternative lifestyle includes the use of homeopathic medicine, organic food, 'natural' health products and a critical stance which includes a strongly developed environmental awareness. Anthroposophist and homeopathic views on health are prevalent. This lifestyle will be termed 'holistic' here. Vaccinations do not fit into a holistic lifestyle as the views on health and disease there differ strongly from that underlying the vaccination programme. I will come back to this.

As such, the claim to the right to be free can be considered an authentically autonomous claim. The motive behind this claim is evidently embedded in the lifestyle and moral framework of these people. As a shared reason, this claim ought therefore to be taken seriously.

## Miscellaneous

### **Because HPV is not casually infectious, only those who are sexually active may need CV**

James Colgrove, Ph.D., M.P.H. The Ethics and Politics of Compulsory HPV Vaccination. WEILL CORNELL MEDICAL LIBRARY Volume 355 December 7, 2006 #23 Associate research scientist at the Center for the History and Ethics of Public Health, Department of Sociomedical Sciences, Mailman School of Public Health, Columbia University, New York.

Bioethicists, who generally hold the values of patient autonomy and informed consent to be preeminent, tend to be skeptical about compulsory vaccination laws. Not surprisingly, some have expressed wariness about or opposition to mandating HPV vaccination.<sup>3,4</sup> Because HPV is not casually transmissible, they argue, there is a less compelling rationale for requiring protection against it than against measles or pertussis, for instance; in the absence of potential harm to a third party, such laws may be considered unacceptably paternalistic. Similar concerns have been raised about school-based requirements for vaccination against hepatitis B: because the virus spreads primarily among sexually active people and injection-drug users, some parents argued that the vaccine should be given only to those groups rather than to all children. Such targeting of the vaccine, however, proved to be less effective than universal vaccination in reducing the incidence of the disease.

**Exemptions can be modeled after conscientious objectors to conscription therefore circumventing the harms of a religious or philosophical model**

Compulsory vaccination and conscientious or philosophical exemptions: past, present, and future. Daniel A Salmon; Stephen P Teret; C Raina MacIntyre; David Salisbury; et al. *The Lancet*; Feb 4-Feb 10, 2006; 367, 9508; Platinum Periodicals. pg. 436

The US approach to conscientious objectors to military conscription could be used as a model for implementation of non-medical exemptions to vaccinations. The military conscientious objectors model was based on the British model for immunization exemptions and was recently used to revise exemption legislation in the state of Arkansas. Application of the military model to immunization exemptions would ensure exemptions granted on the basis of strength of conviction rather than the nature of the belief (religious versus philosophical).

**CV must be implemented consistent and equally otherwise there would be an increased risk of disease in society**

Compulsory vaccination and conscientious or philosophical exemptions: past, present, and future. Daniel A Salmon; Stephen P Teret; C Raina MacIntyre; David Salisbury; et al. *The Lancet*; Feb 4-Feb 10, 2006; 367, 9508; Platinum Periodicals. pg. 436

Allowance of local implementation and enforcement of vaccine laws and requirements recognizes that beliefs and cultures can vary between settings. Nevertheless, if these local variations are allowed and laws are not applied equally across populations, there could be clustering of unvaccinated people, which could increase the risk of disease in individuals and in the community, and may also raise social equity issues. In the USA some variability is inevitable because the compulsory vaccination laws are made by states and not the federal government. In Australia, the school-entry laws are state-based, but the link between immunization and parent financial assistance is made at a national level.

**A few states do allow for philosophical objections to CV**

Anthony Ciolli. Religious & Philosophical Exemptions to Mandatory School Vaccinations: Who Should Bear the Costs to Society? 2008. Missouri Law Review Appellate Law Clerk to Chief Justice Rhys S. Hodge, Supreme Court of the Virgin Islands.

But other types of exemptions from mandatory school vaccination requirements have not been universally embraced. For instance, forty-eight states have instituted religious exemptions to their mandatory vaccination requirements, with West Virginia<sup>3</sup> and Mississippi<sup>4</sup> not believing religious beliefs are sufficient to exclude a child from the requirement. Far fewer states have instituted the more controversial philosophical exemption: only fourteen states recognize non-religious moral or philosophical opposition to vaccination as a legitimate reason to opt out of their school vaccination requirements

US is unlikely to give up religious exemptions

Anthony Ciolli. Religious & Philosophical Exemptions to Mandatory School Vaccinations: Who Should Bear the Costs to Society? 2008. Missouri Law Review Appellate Law Clerk to Chief Justice Rhys S. Hodge, Supreme Court of the Virgin Islands.

Several scholars, recognizing the negative externalities created by religious and philosophical exemptions, have proposed that state governments simply abolish these exemptions altogether and, like Mississippi and West Virginia, mandate vaccinations for all children except those who have a documented medical reason.<sup>19</sup> Such scholars have correctly pointed out that religious and philosophical exemptions are not required under the Free Exercise clause of the First Amendment.<sup>20</sup> Thus, these scholars conclude that “states should eliminate the religious exemption from school immunization laws” in order to eliminate these negative externalities.<sup>21</sup>

Eliminating religious and philosophical exemptions would certainly eliminate the negative externalities such exemptions cause. But this solution, while effective, is highly unlikely to ever occur in practice. One must remember that “[s]tate governments are made up of politicians,” and “as much as we might wish for elected officials not to consider politics when setting legislative priorities, in reality, politicians simply cannot afford not to take political considerations into account when deciding what bills they should support.”<sup>22</sup> The United States has historically been, and remains, a religious nation: “90 percent of Americans claim to believe in God . . . 80 percent say that religion is an important part of their lives . . . and 40 percent attend religious services and read the Bible each week.”<sup>23</sup> Many recent public opinion polls have shown that Americans believe government has already gone too far in reducing the role of religion in America – in fact, 49 percent of Americans believe that religion is under attack, while only 17 percent believe that religion has too much influence.<sup>24</sup> Given that 83 percent of Americans would prefer to either maintain the status quo in regards to religion or

increase religion's influence in government, it is not likely that more than a handful – if any – of state governments could successfully eliminate such exemptions through the legislative process.

**Many mandatory vaccines do not meet a sufficient danger criteria**

Chiropractors and Vaccinations: Ethics is the Real Issue *Complementary Health Practice Review* 2009; 14; 36 originally published online Feb 26, 2009;

Leonard F. Vernon and Christopher Kent

Both the varicella vaccine and the hepatitis B vaccine have come under question by this group, who argue that, for a prophylactic intervention to be performed in the interest of public health rather than in the best interest of the individual, there must be certain criteria met. This includes evidence that the disease must have serious consequences if transmitted (Hodges, Svoboda, & Van Howe, 2002). To qualify under this definition, the disease must carry a high rate of morbidity and mortality. Experts have argued that in light of the low mortality and morbidity associated with chicken pox, as well as the unknown long-term efficacy of the varicella vaccine, that it may fail the definition of “serious consequences if transmitted.” The same argument is made by medical ethicists with regard to the routine immunization against hepatitis B. Because this is a disease that is spread through sexual contact and intravenous drug use, and has a potential for serious adverse reactions, some experts argue that this vaccine should be limited to high-risk populations and should not be given on a routine basis (Hodges et al., 2002; Van Damme, 2001).

**Modern liberal democracy respects parents right to raise their children**

Isaacs, D., Kilham, H. A., & Marshall, H. (2004). Should routine childhood immunizations be compulsory? *Journal of Paediatrics and Child Health*, 40, 392-396.

Respect for the autonomous choices of other persons is one of the most deep-rooted concepts in moral thinking. It is tempting for proponents of immunization to say that a child cannot make an autonomous decision about immunization and we should over-rule parents who decline to have their children immunized. But how far should we interfere with parental choices about child rearing? In any society, particularly a pluralist or multicultural society, there are many views on what is acceptable in rearing children. In general, parents have to live with their choices for their children and it is usual to respect such parental choices. The only exceptions to this are when the parents' actions or choices result in serious harm or neglect, i.e. child protection issues.

A rights-based approach can also be used to argue against compulsory immunization, because the child's parents also have rights. These rights derive from the fact that they conceived, bore and reared the child and have a significant emotional and financial investment in the child's current and future well-being. This creates an obligation on others to respect parents' right to bring up their children as they see fit, unless they cause serious harm to the child. To argue that parents should be compelled to immunize their children in the child's 'best interest' is to ignore the fact that a child is part of a family. The child of parents who are religiously or philosophically opposed to immunization is quite likely to grow up opposed to immunization. To have been forcibly immunized in childhood will then be viewed by the adult as a societal assault.

### **Enforcement of mandatory compulsion is difficult from a rights-perspective**

Isaacs, D., Kilham, H. A., & Marshall, H. (2004). Should routine childhood immunizations be compulsory? *Journal of Paediatrics and Child Health*, 40, 392-396.

Even if it was decided that routine childhood immunization should be compulsory, there are potential practical difficulties in enforcement. We often physically restrain a young child to immunize them, but with parental consent. To physically restrain a child and immunize them against their parents' wish could constitute an assault, which only seems justifiable in a situation of extreme risk, such as post-rabies exposure. The alternative is to introduce sanctions for non-compliance, such as fines or even draconian measures like child care proceedings or imprisonment.

**Mandatory vaccination violates physician's ethical codes because they are not doing what's best for the patient**

Chiropractors and Vaccinations: Ethics is the Real Issue *Complementary Health Practice Review* 2009; 14; 36 originally published online Feb 26, 2009;

Leonard F. Vernon and Christopher Kent

The decision to refuse immunization has a societal consequence. In a community in which most people are vaccinated, the likelihood of members being exposed to the corresponding infection is quite low. As a result, it may be in an individual's best interest not to get vaccinated, as they may benefit from the high vaccination rate, reducing the likelihood of infection without exposing themselves to any vaccine-associated risks, however small. Consequently, is it not the ethical responsibility of the physician to discuss this concept with patients? The truth is that the participant is not discussed because of the fear that if too many individuals take this approach, the community's immunity will not be sufficient to prevent outbreaks of disease. Another question that the physician must ask is, "Would I be so cavalier in the administration of vaccinations if I were not exempt from liability?" This is certainly an ethical issue that is not widely discussed. Because most vaccines are mandated by state law, the manufacturer and the physician administering the vaccine are substantially relieved of liability for adverse effects under federal law. The relationship of patient and physician is now conflicted, and in administering the vaccine, the physician is now serving as the agent of the state, applying the new population-based ethic in which the interests of the individual patient may be sacrificed to the "needs of society."

**Judicial interventions are unsuccessful**

Anthony Ciolli. Religious & Philosophical Exemptions to Mandatory School Vaccinations: Who Should Bear the Costs to Society? 2008. Missouri Law Review Appellate Law Clerk to Chief Justice Rhys S. Hodge, Supreme Court of the Virgin Islands.

In fact, courts are more likely to exacerbate the problem of religious and philosophical exemptions than curtail it. Several states, such as New York, seeking to prevent abuse and the resulting negative externalities, had passed statutes that did not contain philosophical exemptions and only allowed for very narrow religious exemptions. The original New York statute, for instance, limited the religious exemption to an applicant who could demonstrate she was a “bona fide member of a recognized religious organization.”<sup>27</sup> Although a federal district court struck down this portion of the statute,<sup>28</sup> New York continued to limit the use of its religious exemption by “closely examin[ing] the genuineness and sincerity of the applicant’s religious beliefs, and discern[ing] whether such beliefs were religious, or merely philosophical or scientific in nature.”<sup>29</sup>

But even this method of limiting New York’s religious exemption did not withstand judicial scrutiny. In *Turner v. Liverpool Central School*,<sup>30</sup> a mother sued a New York school district seeking to obtain a religious exemption for her child. The mother and her daughter were members of the “Congregation of Universal Wisdom,”<sup>31</sup> a mail-order religion run by a chiropractor that does not require its adherents to follow any religious tenets or to abandon their previous religions – in fact, the only membership requirement at the time was a “customary donation” between \$1.00 and \$75.00. Yet the judge still granted her the religious exemption – despite overwhelming evidence that this was not a legitimate religion, as well as his own findings that the mother “had a history of inconsistent action regarding her beliefs and medical care proscribed by church beliefs” and that “her testimony with regard to vaccination had been ‘inconsistent and ever evolving.’”<sup>33</sup> In other words, the judge, for all practical purposes, made the

religious exemption so broad that even philosophical objections would fall under its aegis!<sup>3</sup>

Courts in other states have reached similar decisions. Wyoming, for instance, had a mandatory school vaccine exemption statute which stated: "Waivers shall be authorized by the state or county health officer upon submission of written evidence of religious objection or medical contraindication to the administration of any vaccine."<sup>35</sup> In *In re LePage*, the Wyoming Department of Health denied a family's request for a religious exemption, believing that the family's opposition to vaccination was not based on religious beliefs, but was a mere philosophical objection.<sup>36</sup> The Wyoming Supreme Court, however, overturned the Department of Health's decision, finding that the Wyoming statute required that the Department of Health *automatically* issue a waiver upon receiving a written request, and that the Department did not have the authority to investigate whether an applicant's written statement was actually sincere.<sup>37</sup> As a result of this decision, any individual can automatically receive a religious exemption in Wyoming by simply requesting one, without having to undergo any scrutiny whatsoever.

**Schools have incentives to discourage child immunization**

Anthony Ciolli. Religious & Philosophical Exemptions to Mandatory School Vaccinations: Who Should Bear the Costs to Society? 2008. Missouri Law Review Appellate Law Clerk to Chief Justice Rhys S. Hodge, Supreme Court of the Virgin Islands.

In many states, public schools actually have a strong financial incentive to encourage parents to opt their children out of mandatory immunization requirements even when they have no legitimate religious or philosophical objections to vaccinations. Certain financial subsidies from the federal government are tied to a child's immunization status, with children who have obtained religious or philosophical objections not counting against the school.<sup>42</sup> Thus, public school administrators, rather than challenging the sincerity of a child's vaccination or educating parents on the benefits of vaccines, may find it more fruitful to encourage exemptions so that the school can obtain more funding at an earlier date.

**The public is very skeptical about vaccines and believe they will hurt children**

Dr Mark Sircus. Compulsory Vaccination. 2005. Director International Medical Veritas Association. Founder of Sanctuary Cancer Clinic.

According to Dr. Garry Gordon, “We are facing a dangerous moment in our history. An industry with more money than sense and a government with more greed than patriotism are conspiring to rob our right to control our bodies, keep them safe and, if harmed, seek recompense from the corporation which harmed us.” The threats' names are Senate bill 1873<sup>[i]</sup> and House bill 3970.<sup>[ii]</sup> The National Autism Association this week added, “Pharma-protection language will be inserted into as much legislation as possible between now and Thursday. There are already ten different bills on Capitol Hill -- S3, S975, S1437, S1828, S1873, S1880, HR650, HR3154, HR3970, HR4245 -- that contain provisions which will let drug companies off the hook for injuries resulting from vaccines and other products.”<sup>[iii]</sup> 50 to 60 percent of parents with autistic children believe that their children were damaged by vaccines. (The Autism Research Institute of San Diego) That means when they kill children with their vaccines, which they have been doing for decades, they will legally be able to get away with murder. Death by injection is not something that only happens to those on death row, it happens all the time to kids and the government keeps records, though incomplete, that tell the dirty tale. Some have acknowledged that the Eli Lilly Company is a company that kills babies for they are the ones who have been pumping in the most lethal neurological poison (mercury based thimerosal) into vaccines for over 70 years.

**Vaccination has many logistical problems**

Universal Immunization to Interrupt Rubella Author(s): Kenneth J. Bart, Walter A. Orenstein, Stephen R. Preblud, Alan R. Hinman Source: Reviews of Infectious Diseases, Vol. 7, Supplement 1. International Symposium on Prevention of Congenital Rubella Infection (Mar. - Apr., 1985), pp. S177-S184

On the other hand, with the limited capability for enforcement in states that may have laws for only those entering school rather than comprehensive laws, susceptibility in upper grades may be high and outbreaks of rubella may occur in middle and high schools. In many developing countries, the absence of a primary health care infrastructure and the inaccessibility of large rural populations make the successful implementation of a vaccination program a serious logistical problem.

**Compulsion doesn't affect or harm general compliance**

Mass-Vaccination Programmes and the Value of Respect for Autonomy Lotte Asveld Bioethics, Vol. 22, Issue 5, pp. 245-257, June 2008

There are however, other reasons that may compel authorities not to force vaccination upon people. These reasons are basically utilitarian in nature. Studies have shown that compulsion does not increase the compliance rate of vaccination programmes.<sup>48</sup> People still evade compliance. Therefore, such measures could prove to be ineffective. Moreover, such compulsion could substantially reduce trust in the vaccination programme and fuel the suspicions already prevalent towards such programmes, further threatening compliance.

**Vaccination policy must be decisively committed to or else will results in more harm than good**

Universal Immunization to Interrupt Rubella Author(s): Kenneth J. Bart, Walter A. Orenstein, Stephen R. Preblud, Alan R. Hinman Source: Reviews of Infectious Diseases, Vol. 7, Supplement 1. International Symposium on Prevention of Congenital Rubella Infection (Mar. - Apr., 1985), pp. S177-S184

The choice of universal immunization recognizes the difficulty of achieving 100% coverage of women of childbearing age by selective immunization. Universal immunization can rapidly reduce the incidence of congenital rubella infection by interrupting or substantially limiting transmission and can provide early protection to unvaccinated individuals by reducing their risk of exposure. However, if universal immunization is incompletely implemented, there is a potential risk of increasing susceptibility among the postpubertal population, with a consequent increase in the occurrence of congenital rubella infection. Commitment to a choice of strategy must also be for full implementation.

**Compulsory vaccination creates legal contradictions**

Effect of a State Law Intended to Require Immunization of School Children

Author(s): Charles L. Jackson and R. LeRoy Carpenter Source: Health Services Reports, Vol. 87, No. 5 (May, 1972), pp. 461-466 Published by: Association of Schools of Public Health

The Oklahoma school officials were willing to cooperate as much as they could; however, they were faced with conflicting laws. The school laws of Oklahoma require that children attend school until they are 16 years of age. Yet, the school immunization law states that children cannot attend school unless they are adequately immunized. If the parents refused to have their children immunized, school officials could not legally prevent those children from enrolling in school.

**America lacks a central database of vaccinations**

Effect of a State Law Intended to Require Immunization of School Children

Author(s): Charles L. Jackson and R. LeRoy Carpenter Source: Health Services Reports, Vol. 87, No. 5 (May, 1972), pp. 461-466 Published by: Association of Schools of Public Health

Lack of a Comprehensive Tracking/Reminder System. Currently, no centralized system exists to monitor childhood immunization status, either for individuals or in the general population. States keep records on births, deaths, real estate, criminal and driving records, marriages, and other aspects of our lives. Clearly the technology exists to develop a comparable surveillance system for childhood immunizations. Unfortunately, major barriers to creating a national tracking system in the United States still exist. An enormous array of providers, both public and private, serve children's health care needs, yet do not share a common record-keeping system. Despite the fact that all births are registered by state vital statistics agencies, the federal government does not maintain a national child identification system. Americans historically have been inherently distrustful of such centralized governmental documentation. A comprehensive national tracking system designed to monitor immunizations will be expensive and difficult to implement in this country. It could be argued that the opportunity costs of such a system would be unjustified when compared with other national health priorities such as AIDS prevention, injury surveillance, or reducing infant mortality.

**Some vaccines contain aborted fetal tissue**

**COMPULSORY VACCINATIONS THREATEN RELIGIOUS FREEDOM**

Mathew D. Staver, Esq. Copyright © 2001 – 2007 J.D., is an American lawyer, academic, professor, and former Seventh Day Adventist pastor. Founding member and Chairman of Liberty Counsel since 1989 and dean of Liberty University School of Law

You may be surprised to learn that some vaccinations are derived from aborted fetal tissue. Vaccines for chicken pox, Hepatitis-A, and Rubella, which are produced solely from aborted fetal tissue, do not have alternative, ethical versions. Even most physicians who oppose abortion do not realize that these three vaccines are made from aborted fetal tissue. The wife of one of our Liberty Counsel attorneys confronted her family doctor who wanted to inject her son with the chicken pox vaccine. When she told her doctor, who is Catholic, that the chicken pox vaccine contains aborted fetal tissue, he was surprised. The doctor was even more surprised when he skimmed through his medical book and found that she was right. He then proclaimed that he was faced with a dilemma which he must now confront.

**There is no legitimate reason for many vaccines, they are simply the result of corporate lobbying**

**COMPULSORY VACCINATIONS THREATEN RELIGIOUS FREEDOM**

Mathew D. Staver, Esq. Copyright © 2001 – 2007 J.D., is an American lawyer, academic, professor, and former Seventh Day Adventist pastor. Founding member and Chairman of Liberty Counsel since 1989 and dean of Liberty University School of Law

Vaccinations are becoming a wave of the future. Large pharmaceutical companies are lobbying state legislators to require mandatory vaccinations of all school-aged children. Some people have sincerely held religious beliefs against vaccines in general, while others have objections to certain vaccines because of their aborted fetal contents. Either way, the state cannot steamroll a person's religious beliefs. In many cases, the government cannot even legitimately argue a compelling reason for the vaccines. Chicken pox is not life-threatening, Hepatitis-B is primarily contracted through drug use and sexual contact, and HPV is almost exclusively transmitted by sexual contact.

**Vaccinations bypass the normal ports of entry for viruses and give the viruses free access to vital organs, without an incubation period, and without time for the body to mount an effective response.**

Richard Moskowitz. B.A.—Harvard College, M.D.—New York University. The Case Against Immunizations. From Journal of the AIH, March 1983; included in Dissent in Medicine, Contemporary Books, Chicago, 1985

In contrast, when the artificially attenuated measles virus is injected directly into the blood, it bypasses the normal portal of entry, producing at most a brief, mild inflammatory reaction at the injection site, but no incubation period, no local sensitization, no real possibility of eliminating it via the same route, and no generalized immune response to prime the immune system in the future. Indeed, by cheating the body in this fashion, we have accomplished precisely what the evolution of the immune system seems to have been designed to prevent: we have introduced the virus directly into the blood and given it free, immediate access to the major immune organs without any obvious way of getting rid of it. To be sure, we have also achieved the production of specific antibodies against the virus, which can be measured in the blood, but now only as an isolated technical feat, with no massive outpouring and no general improvement in the health of the organism. Indeed, I fear, exactly the opposite is true: the exorbitant price we have to pay for these antibodies is for the maintenance of the virus in the cells of the immune system for prolonged periods of time, maybe permanently, which in turn presupposes a generalized weakening of our capacity to mount an effective response not only to measles, but to other acute infections as well.

**Any benefits of vaccination are limited and short term.**

Alex Newman. The New American. Swine Flu: The Risks and Efficacy of Vaccines. October 14, 2009.

<http://www.thenewamerican.com/index.php/usnews/health-care/2079-swine-flu-the-risks-and-efficacy-of-vaccines>

Dr. Sherri Tenpenny, one of the leading experts on the dangers of vaccines, shows in various presentations — using statistics and data gathered from the CDC and other official sources — that vaccines' efficacy leaves much to be desired, yet they expose recipients to a wide array of risks. She notes that the immunizations given to children usually only last a number of years, and that “the presence of antibodies does not guarantee that you will not get sick.” The potential immunity obtained from a hepatitis vaccine, for example, is gone in a majority of people within around 10 years. This is the reason people are often re-vaccinated. According to Dr. Tenpenny, most antibodies babies get are “all gone” by the time they are 12 years old. She continued by explaining: “If they inject you with a substance and it creates an antibody, they call it effective. It is one of the biggest myths — maybe scams — of the entire vaccine industry.” Verifying part of her claim, the WHO is already warning that the virus is developing resistance to the vaccine. So even the presence of an immune response does not mean it will offer protection.

**Vaccinations are unsafe and ineffective.**

Alex Newman. The New American. Swine Flu: The Risks and Efficacy of Vaccines. October 14, 2009.

<http://www.thenewamerican.com/index.php/usnews/health-care/2079-swine-flu-the-risks-and-efficacy-of-vaccines>

Vaccines are not safe and effective, Dr. Tenpenny insists. They are linked to problems like allergies, diabetes, and a host of medical problems. For example, research and published studies by immunologist and president of Classen Immunotherapies Dr. Bart Classen have shown that vaccines cause up to 80 percent of insulin-dependent diabetes in children vaccinated multiple times. In addition, vaccines are not responsible for the elimination of infectious diseases. They may in fact be causing a resurgence of the diseases that they purport to protect against. “I really think that it is the greatest deception ever propagated on an unsuspecting public — that doing something in the name of health and helping is in fact plausibly detrimental and potentially life threatening.” Counterintuitively, the facts seem to back her up. A CDC chart on the efficacy of seasonal vaccines shows that flu deaths were steadily decreasing until vaccine programs were rolled out, then flu cases burgeoned. For example, in 1980, about 20 percent of the elderly population was covered by immunizations, and there were about 20 deaths per 100,000 elderly people. Then in the year 2000, when approximately 65 percent of the elderly population had vaccine coverage, deaths had soared to almost 35 per 100,000. The trend is consistent and immediately obvious even to the untrained eye.

**Vaccinations have a long history of being ineffective.**

Alex Newman. The New American. Swine Flu: The Risks and Efficacy of Vaccines. October 14, 2009.

<http://www.thenewamerican.com/index.php/usnews/health-care/2079-swine-flu-the-risks-and-efficacy-of-vaccines>

When the German government rolled out its compulsory immunization against diphtheria in 1940, there were 40,000 reported deaths from the illness, Sinclair notes. In 1945, 250,000 people died from the disease. Sweden stopped its whooping cough vaccination program in 1979 when it was discovered that 84 percent of the children who fell ill from the disease had been vaccinated against it three times. And a study published in 1994 in the *New England Journal of Medicine* noted that more than 80 percent of American children under five with whooping cough had been fully vaccinated. A 1970s vaccine study in India revealed that tuberculosis occurred more often in people who had taken the shot than in those who had not. In the United Kingdom, Sinclair points out, the Community Disease Surveillance Center acknowledges over 200,000 cases of whooping cough in fully vaccinated children between 1970 and 1990. An outbreak of polio in Oman in the late 1980s struck hardest in areas where vaccination was widespread. The polio vaccine has also been implicated in the spread of a virus known as SV 40 as a result of the monkeys used in its preparation. It is linked to cancer and a host of other problems. The WHO has also been accused of sparking the AIDS epidemic in Africa via its smallpox vaccination campaign. "I thought it was just a coincidence until we studied the latest findings about the reactions which can be caused by Vaccinia," a WHO advisor told the *London Times* in a 1987 article entitled "Smallpox vaccine 'triggered Aids virus.'" "Now I believe the smallpox vaccine theory is the explanation to the explosion of Aids." The article continued by noting that "the greatest spread of HIV infection coincides with the most intense immunization programmes."

**People have been taught to accept, without question, that vaccinations are safe and effective.**

By Richard Moskowitz, M. D. The case against immunizations. This article was published in Journal of the AIH, March 1983; and included in R. Mendelsohn, ed., Dissent in Medicine, Contemporary Books, Chicago, 1985

Most people can readily accept the fact that at times certain laws are necessary for the public good that some of us strongly disagree with, but the issue in this case involves the wholesale introduction of foreign proteins or even live viruses into the bloodstream of entire populations. For that reason alone, the public is surely entitled to convincing proof, beyond any reasonable doubt, that artificial immunization is in fact a safe and effective procedure in no way injurious to health, and that the threat of the corresponding natural disease remains sufficiently clear and urgent to warrant vaccinating everyone, even against their will if necessary. Unfortunately, convincing proof of safety and efficacy has never been given; and, even if it could be, continuing to employ vaccines that are no longer prevalent or no longer dangerous hardly qualifies as an emergency. Finally, even if such an emergency did exist and artificial immunization could be shown to be an appropriate response to it, the decision to vaccinate would remain essentially a political one, involving issues of public health and safety that are far too important to be settled by any purely scientific or technical criteria, or indeed by any criteria less authoritative than the clearly articulated sense of the community that is about to be subjected to it.

**The principle of respect for autonomy extends into the realm of health care relationships and requires care givers to foster autonomous decision making**  
James F. Childress, Professor of religious studies and medical education @  
University of Virginia. The Place of Autonomy in Bioethics. Hastings Center  
Report, January/February 1990.

The principle of respect for autonomy can be stated negatively as "it is [prima facie] wrong to subject the actions (including choices) of others to controlling influence." This principle provides the justificatory basis for the right to make autonomous decisions. This right in turn takes the form of specific autonomy-related (if not autonomy-based) rights, such as liberty and privacy. This negative formulation focuses on avoidance of controlling influences, including coercion and lying. However, the principle of respect for autonomy also has clear positive implications in the context of certain relationships, including health care relationships. For example, in research, medicine, and health care, it engenders a positive or affirmative obligation to disclose information and foster autonomous decision-making.

**Mandatory vaccinations cause physicians to violate the Hippocratic oath and simply become agents of the state.**

Miguel A. Faria, Jr.—MD from Medical University of South Carolina. Mandatory Vaccination Programs and Medical Ethics. Healthcare News-April 2001.

Published by The Heartland Institute.

Physicians who follow the Oath and ethics of Hippocrates must always be careful to satisfy two conditions: that they place their patient's interest above the cost considerations important to third-party payers, and even above the physician's own personal or monetary interest; and that they uphold the interest of the *individual* patient above that of the collective, be that the health care networks or some "greater good" of society or the state. Unfortunately, in the last decade mandatory vaccination programs have allowed these two ethical conditions to be violated. Some physicians have expressed concern that such "public health" policies overtly and deliberately subordinate the patient-doctor relationship to the interest of the state. In this situation, the physician ceases to be his patient's advocate and merely becomes an agent for the state. Rather than placing the interest of his patients first, he is placed under intense pressure to abdicate his responsibility to his patients for the purported "greater good." This collectivist, utilitarian ethic contrasts dramatically with the individual-based ethics that has guided medicine for centuries. The new ethic has caused the development of a new, "population"-based medicine, seen most clearly in the movement toward managed care and national health care (socialized medicine). The new ethics confronts the physician with a great dilemma, raising hard, tough questions that go to the heart of the profession. Am I recommending vaccination to my patients because it's in their best interest, or simply because I must comply with the state's mandate for universal vaccination? Am I a healer, a conscientious physician duly exercising my best medical judgment for my patient? Or am I an agent of the government, enforcing public policy?

**Vaccinations should be given at the discretion of the doctor and patient.**

Miguel A. Faria, Jr.—MD from Medical University of South Carolina. Mandatory Vaccination Programs and Medical Ethics. Healthcare News-April 2001.

Published by The Heartland Institute.

In most cases, a physician would recommend vaccination for most of his patients. But each patient is different, and the ethical physician evaluates the special situation of his patient, based on an individualized risk-benefit assessment, before determining whether to proceed. “I will follow that method of treatment which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous,” explains the Hippocratic Oath. There is no question of the great benefit of general vaccination for such scourges as poliomyelitis, diphtheria, smallpox, etc. But can we say the same for greatly self-limited rotavirus diarrhea in infants, chickenpox for children, or for the sexually transmitted hepatitis B for both? In the case of rabies, we institute aggressive vaccination treatment only after exposure. Public health should aim at protecting at-risk populations from afflicted or exposed individuals. Healthy children who pose no threat to their classmates or teachers should not be turned out of their schools because they haven’t complied with vaccination protocols. Parents should not be accused of child abuse merely because, out of genuine concern for their children’s health, they have refused to subject them to certain vaccinations. Does a newborn infant benefit from being vaccinated at birth against hepatitis B, for example, or would vaccination be safer and more effective when the youngster is older and stronger, and when the risk of contracting hepatitis B may be greater? The medical community does not even know how long the vaccine provides immunity against hepatitis B. Should adults who choose to abstain from risky sexual behaviors be forced to accept vaccination against sexual herpes, hepatitis B, or HIV infection—diseases they simply will not contract because of the method of transmission? Historically, exposed or infected persons were quarantined to prevent spreading of a disease. By today’s “ethical” standards, the public health threat is posed by healthy but

un-vaccinated persons: adults who practice safe sex, well children excluded from public schools, soldiers court-martialed for refusing to be vaccinated against anthrax.

**Vaccinations are merely a manifestation of humanity's technological quest to control and manipulate nature.**

Richard Moskowitz. B.A.—Harvard College, M.D.—New York University. The Case Against Immunizations. From Journal of the AIH, March 1983; included in Dissent in Medicine, Contemporary Books, Chicago, 1985

The idea of eradicating measles or polio has become attractive to us simply because the power of medical science makes it seem technically possible: we worship every victory of technology over Nature, just as the bullfight celebrates the triumph of human intelligence over the brute beast. That is why we do not begrudge the drug companies their exorbitant profits and gladly volunteer the bodies of our children for their latest experiments. Vaccination is essentially a religious sacrament of our own participation in the miracle of medical science, a veritable auto-da-fé in the name of modern civilization itself. Nobody in their right mind would seriously entertain the idea that if we could somehow eliminate one by one measles and polio and all of the known diseases of mankind, we would really be any the healthier for it, or that other diseases at least as terrible would not quickly take their place. Still less would a rational being imagine that the illnesses from which we suffer are "entities" separable from the individuals who suffer them, or that with the appropriate chemical or surgical sacrament the separation can literally be carried out. Yet these are precisely the miracles we are taught to believe in and the idolatries to which we in fact . We prefer to forget the older and simpler but more difficult truths, that the susceptibility to illness is deeply rooted in our biological nature, and that the signs and symptoms of disease are the attempt of our own life energy to overcome whatever we are trying to overcome, trying, in short, to heal ourselves.

**The principle of informed consent means patients should have the right to accept or refuse treatment based on disclosure of the effects.**

Informed Consent to Immunization: The Risks and Benefits of Individual  
Autonomy Author(s): Andrea Peterson Woolley Source: California Law Review,  
Vol. 65, No. 6 (Dec., 1977), pp. 1286-1314

Informed consent case law emphasizes the individual's right to decide whether to submit to a medical procedure. To make an intelligent decision, the individual must be informed of the procedure's risks and benefits. Under the traditional medical standard, "customary medical practice" establishes the scope of the required disclosure.<sup>12</sup> The recent changes in the practice of government-sponsored mass immunization programs should therefore substantially increase the scope of disclosure required of the private physician.<sup>13</sup> The legal standard of disclosure applied in the more recent informed consent cases requires disclosure of "material facts."<sup>4</sup> Because the risks and benefits of immunization are often closely balanced,<sup>15</sup> the risks of vaccination will often be material and should be disclosed. Moreover, the rationale of the modern informed consent cases justifies disclosure of risks and benefits even, where the vaccination is required for school entry.'

## **A2: HPV Vaccinations**

### **The HPV Vaccination is extremely expensive.**

Lawrence O. Gostin, JD, LLD; Catherine D. DeAngelis, MD, MPH Mandatory HPV Vaccination Public Health vs Private Wealth *JAMA-Journal of the American Medical Association*. May 2007; 297:1921-1923

There is also the question of cost—who will pay for the mandated HPV vaccine and what other public health services would society have to forgo because of the cost? The estimated cost of quadrivalent HPV vaccine is \$360 for a 3-course series, making it among the most expensive of all vaccines.<sup>17</sup> Cost-effectiveness studies of HPV vaccination have had variable results, depending on assumptions about effectiveness and safety.<sup>20</sup> Some pediatricians and other physicians are not offering the most costly vaccines because they cannot afford to purchase them, and they cannot be certain about full reimbursement.<sup>21-22</sup> Policy makers also have not answered the question of who will pay: consumers, insurers, or federal, state, or local government (ie, taxpayers). If consumers or insurers were to pay, poor and uninsured persons would be unable to afford the vaccine, which would exacerbate health disparities. If the government were to pay, it would have to find the funds from its general revenues, perhaps reducing public health spending for other programs.

**The Human Papillomavirus is not severe enough to warrant mandatory vaccinations.**

Lawrence O. Gostin, JD, LLD; Catherine D. DeAngelis, MD, MPH Mandatory HPV Vaccination Public Health vs Private Wealth *JAMA-Journal of the American Medical Association*. May 2007; 297:1921-1923

Human papillomavirus is not a highly infectious airborne disease, which is the paradigm for the exercise of compulsory vaccination. There is no immediate risk of rapid transmission of HPV in schools, as is the case, for example, with measles. The HPV vaccine does not create herd immunity, although it would probably reduce the prevalence of HPV infections. The primary justification for HPV vaccination is to protect women from long-term risks, rather than to prevent immediate harm to others. This may not be a definitive argument against universal use of HPV vaccine because states already mandate vaccination against another disease (hepatitis B) that can be transmitted sexually (among other routes of exposure). But because the HPV vaccine is not immediately necessary to prevent harm to others, it does suggest that compulsory measures need to be more carefully thought through.

**The cervical cancer risk associated with HPV is grossly overstated**

Michael Fumento—The Weekly Standard. J.D.—University of Illinois, A Merck-y Business: The Case against Mandatory HPV Vaccinations. The Weekly Standard, March 12, 2007.

HPV infection is usually fairly benign; in fact, a study just released by the CDC says about 27 percent of U.S. females aged 14 to 59 years have it. Importantly, only 2.2 percent of those women are carrying one of the two virus strains most likely to lead to cervical cancer. Usually infection is asymptomatic; but in a minority of cases it leads to tiny cauliflower-like bumps on the genitalia (or anus) that will disappear on their own or be zapped off by a doctor. And in a much smaller minority of cases, infection leads to cell irregularities that become cervical cancer. The 3,670 deaths from cervical cancer expected this year are a tiny fraction of the 270,100 projected female deaths from all cancers. Further, both the incidence and the death rate for cervical cancer are dropping. The incidence was 14.8 per 100,000 women in 1973 according to federal data, but down to 7.1 per 100,000 by 2003. Meanwhile, the incidence of cancer generally increased. "Cervical cancer was the only cancer among the top 15 cancers that decreased in women of all races and ethnicities," according to the American Cancer Society.

**HPV Vaccinations may discourage women from getting pap-smears, increasing cervical cancer rates.**

Michael Fumento—The Weekly Standard. J.D.—University of Illinois, A Merck-y Business: The Case against Mandatory HPV Vaccinations. The Weekly Standard, March 12, 2007.

Cervical cancer death rates declined steadily from 5.6 per 100,000 in 1975 to 2.5 in 2003. The main reason for the declines in both incidence and death is the Pap test or Pap smear. Public health campaigns and individual physicians have sought to convince women to get these tests, in which tiny samples are scraped from the opening of the cervix. Moreover, computer imaging has improved the reading of these smears, leading to fewer false results. Early treatment has also improved, with the use of a laser to vaporize cells showing abnormal growth. Pap smears are not 100 percent effective at finding cells before they become cancerous, but they have the added benefit of detecting pre-cancerous cells with causes other than HPV. These include other sexually transmitted diseases. Remember, too, that Gardasil prevents only 70 percent of HPV infections that lead to cervical cancer. Thus, even women who have been vaccinated must still be encouraged to get Pap smears every three years. Yet if the Gardasil inoculation sends a message about intercourse, it also sends a much stronger message about Pap smears. Why bother when one is already protected (mostly) from the big danger, cervical cancer? Psychology must be considered as well as physiology.

**There are more cost effective alternatives to the HPV vaccination.**

Sam Berger | March 12, 2007 . Mandatory Opposition:We need to separate the good and bad arguments against mandating an HPV vaccine. Center for American Progress. <http://www.americanprogress.org/issues/2007/03/hpv.html>

But the cost of the vaccine is perhaps its most controversial feature. The three shot series costs \$360, which makes it the most expensive on the market, and there is no proof that booster shots will not be needed in the future. Cervical cancer disproportionately affects low-income and minority women, so in order to effectively reduce the disease burden, the vaccine would have to be heavily subsidized so those most at risk could afford it. Cervical cancer is a terrible disease, yet the U.S. has largely been able to control it through regular screening and pap smears. The disproportionate effects of the cancer are largely due to inequalities in healthcare access; half of all women with cervical cancer have never had a pap smear. Improving access to inexpensive screening measures could greatly reduce the disease burden for far less cost than the vaccine. There are also valid concerns about the effects of subsidizing the cost of the vaccine on strained public health resources, particularly the worry that this could drain funding for more needed vaccinations. States should not be so quick to mandate the vaccine without first trying to negotiate lower prices with Merck or waiting for a competitor vaccine from GlaxoSmithKline, expected to be approved soon, to enter the market and drive down prices.

## **A2: Bioterrorism**

### **Alarming citizens about the threat of biological attacks creates psychogenic symptoms in patients, which overloads hospitals**

Gary A. Ackerman and Kevin S. Moran. Bioterrorism and Threat Assessment. Weapons of Mass Destruction Commission.  
<http://www.wmdcommission.org/files/No22.pdf>. No Date.

Among the most important (and least prepared for) hazards of any bioterrorist event are the psychological consequences. Biological agents are inherently more frightening than guns and bombs, even when they cause similar casualty levels. There are many reasons for this phenomenon, including a natural human fear of contamination and the invasiveness of many agents, particularly biological organisms. A key anxiety-provoking factor is also the intangible nature of most of these agents, which can lead to both gnawing doubt over whether or not one has been exposed and a sense of powerlessness against an unseen hazard. Psychogenic symptoms are therefore far more likely when facing a bioterrorist attack than one using conventional weapons. An example that displays the potential for psychogenic symptoms occurred on 3 October 2001, when over 1,000 students at several schools in Manila, the Philippines “deluged local clinics with mundane flu-like symptoms”<sup>7</sup> after hearing rumors of bioterrorism that had been disseminated through text-messaging. Previously that same year, the tragic attacks of September 11 involved hijacked airplanes crashing into buildings and resulted in over 3,000 deaths. There were however, almost no “worried well” in the September 11 attacks – an indication of the greater potential for psychogenic symptoms with unconventional weapons, even when the fatality rate is higher with conventional weapons. The psychological effects of these weapons are often overlooked or underemphasized, resulting in at least two deficiencies in addressing the terrorist use of biological agents. Firstly, the lack of adequate resources being devoted to mental health preparedness planning could lead to response plans unable to deal with much of the likely consequences of the

use of these agents. Large numbers of “worried well” can also obstruct an effective response to a bioterrorist incident by unnecessarily demanding treatment and thus diverting medical resources from the treatment of those really exposed. At the very least, medical staff time will be consumed differentiating between the infected and the psychosomatic. \

**The bioterrorism threat is grossly overstated.**

Global Security Newswire. National Journal Group. [Bioterror Threat Exaggerated, Scientist Says](#). May 2008.

[http://www.nti.org/d\\_newswire/issues/2008/5/20/8ae9e247-2f73-4ae2-b776-6b93075576dc.html](http://www.nti.org/d_newswire/issues/2008/5/20/8ae9e247-2f73-4ae2-b776-6b93075576dc.html)

A research scientist at the University of California, Los Angeles, believes that natural outbreaks of infectious diseases such as avian flu pose a far greater threat than acts of bioterrorism, *Miller-McCune* magazine reported yesterday (see [GSN](#), May 13). “It is almost inconceivable that any terrorist organization we know of in the world today, foreign or domestic, could on their own develop, from scratch, a bioweapon capable of causing mass casualties on American soil,” immunologist William Clark wrote in his latest book, *Bracing for Armageddon?* The United States by the end of this year is set to have spent \$50 billion on biological preparedness even though only a handful of people have been killed or sickened in recent years by intentional use of disease agents (see [GSN](#), July 18, 2007). Clark said he began studying the issue while completing an earlier book. “The more I looked into it, I thought, ‘Jeez, what are these guys talking about?’ What are the odds that a terrorist group, no matter how well financed, would be able to create a bioterror weapon?” he said. “The (United States) military gave up bioweapons 30 years ago. They’re too undependable; they’re too hard to use; they’re too hard to make.” Terrorist organizations are not likely to have access to the expertise needed to successfully develop and deploy a biological weapon, Clark argued. Rather than spending years on a potential failure, terrorists are more likely to carry out high-profile strikes using conventional means, he said

**The anthrax vaccination given to soldiers during the gulf war was responsible for Gulf War Syndrome (GWS) as well as rheumatoid arthritis in soldiers.**

Stephen Lendman. Readying Americans for Dangerous, Mandatory Vaccinations. Global Research, June 2009.

<http://www.globalresearch.ca/index.php?context=va&aid=13925>

Other research shows that squalene is the experimental anthrax vaccine ingredient that caused devastating autoimmune diseases and deaths for many Gulf War veterans from the US, UK, and Australia, yet it continues in use today and for new vaccines development in labs. There's a "close match between the squalene-induced diseases in animals and those observed in humans injected with this oil: rheumatoid arthritis, multiple sclerosis and systemic lupus erythematosus." Other autoimmune diseases are also linked to humans injected with squalene. "There are now data in more than two dozen peer-reviewed scientific papers, from ten different laboratories in the US, Europe, Asia and Australia, documenting that squalene-based adjuvants can induce autoimmune diseases in animals...observed in mice, rats, guinea pigs and rabbits. Sweden's Karolinska Institute has demonstrated that squalene alone can induce the animal version of rheumatoid arthritis. The Polish Academy of Sciences has shown that in animals, squalene alone can produce catastrophic injury to the nervous system and the brain. The University of Florida Medical School has shown that in animals, squalene alone can induce production of antibodies specifically associated with systemic lupus erythematosus." /Micropaleontologist Dr. Viera Scheibner conducted research into the adverse effects of adjuvants in vaccines and wrote: Squalene contributed to the cascade of reactions called "Gulf War syndrome. (GIs developed) arthritis, fibromyalgia, lymphadenopathy, rashes, photosensitive rashes, malar rashes, chronic fatigue, chronic headaches, abnormal body hair loss, non-healing skin lesions, aphthous ulcers, dizziness, weakness, memory loss, seizures, mood changes, neuropsychiatric problems, anti-thyroid effects, anaemia, elevated ESR (erythrocyte sedimentation rate), systemic lupus erythematosus, multiple sclerosis, ALS, Raynaud's phenomenon,

Sjorgren's syndrome, chronic diarrhea, night sweats and low-grade fever." Matsumoto's book includes numerous case studies of GIs afflicted with one or more of the above syndromes, their devastating effects, and the outlandish US government reaction - failing to acknowledge their existence or a connection between them and administered vaccines. Also denying the effects of other toxic Gulf theater exposures (like depleted uranium) as well as withholding meaningful treatments or protocols.

**Scientist ought to focus less on bioterrorism and more on natural outbreaks.**

Global Security Newswire. National Journal Group. Bioterror Threat Exaggerated, Scientist Says. May 2008.

[http://www.nti.org/d\\_newswire/issues/2008/5/20/8ae9e247-2f73-4ae2-b776-6b93075576dc.html](http://www.nti.org/d_newswire/issues/2008/5/20/8ae9e247-2f73-4ae2-b776-6b93075576dc.html)

Terrorist organizations are not likely to have access to the expertise needed to successfully develop and deploy a biological weapon, Clark argued. Rather than spending years on a potential failure, terrorists are more likely to carry out high-profile strikes using conventional means, he said. “Scientifically, it is a crock. And this really verges into the political, but we’ve spent \$50 billion on it,” Clark said. The scientist said he sees more attention being turned toward pandemic threats. “Some of the more sober, sophisticated knowledgeable scientists have been looking into this a bit more deeply, realizing that while they may not be entirely convinced that bioterrorism is not a threat, they’re starting to get the notion that avian influenza — or some other natural outbreak — is almost a slam-dunk,” Clark said. “We get two or three of those a century, historically, as far back as we have records. There are these outbreaks of natural human pathogens that could wreak utter havoc. ... Influenza could kill tens of thousands at the very least”