



Written by [Nilai Lee](#) on October 7, 2019

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## California's Vaccination Mandate

"I sincerely hope Bonnie and Finn have received their measles vaccinations," said a dear friend to me recently. We had been laughing over the exploits of my two grandchildren, ages four and two, when she abruptly expressed her concern.

"Why do you ask?" I queried.

"Because of the dangerous outbreak of measles I have heard about on the news. It's frightening."



AP Images

I quickly allayed my friend's fears of a measles epidemic. During the first seven months of this year, 1,164 cases of measles have been reported in the United States. With a total population approaching 330 million, the outbreak is neither dangerous nor frightening. In California to date, with a population of 40 million, 62 cases of measles have been reported, according to the California Department of Public Health (CDPH). Of these cases, 14 were pediatric (under 18 years of age) and 48 were adult. Although the vaccination status is not given for all 62 cases, at least 14 of the adults had been vaccinated for measles. The CDPH does not identify whether or not any of the individuals were foreign visitors to the United States. None of these cases have resulted in death. In fact, there have been only two reported deaths in the United States attributed to measles since 2003, the last being in 2015.

When I was growing up in the 1950s and early '60s, measles was just another childhood illness we all got. I remember being in bed for several days with a fever and rash. My mother kept the curtains drawn to protect me from the possibility of photophobia (sensitivity to light). As I recall, my older brother and sisters contracted measles before I did and were already feeling better by the time I showed the first symptoms. We all recovered with rest, fluids, and calamine lotion to relieve the itching. The same was true for all the other kids in my neighborhood. There was none of the hysteria that seems to accompany measles outbreaks today.

Measles is a contagious viral disease that can be contracted by breathing in infected droplets or touching an infected object and then rubbing your mouth, nose, or eyes. It is believed that both the airborne and surface droplets remain active and contagious for about two hours. Prior to the introduction of the vaccine in 1963, approximately 90 percent of children had contracted measles by the age of 15, thus affording them lifelong immunity. By the time my siblings and I contracted measles in the late 1950s, the mortality rate for the disease had dropped from 10 per 100,000 population at the turn of the century to 0.3 per 100,000 population. Clean water systems, proper sanitation (sewage and solid waste disposal), and improved hygiene and nutrition were credited for the dramatic 98-percent decline in mortality rates, not vaccinations. Other infectious diseases such as TB, typhoid fever, influenza, scarlet fever, yellow fever, and malaria saw similar declines in mortality during the first half of the 20th century.

The Centers for Disease Control (CDC) credited public drinking water disinfection and treatment for the dramatic decline of typhoid fever in American cities over the past 100 years, calling clean water "one of



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the greatest public health achievements of the 20th century.” Of concern, then, is the CDC’s assertion that the introduction of the measles vaccine in 1963 is responsible for the dramatic decrease in measles deaths. Since the measles mortality rate had already declined by 98 percent by 1963, it seems only logical to give primary credit to clean water, proper sanitation, and improved nutrition and hygiene, yet the CDC makes no reference to these factors.

Of far greater concern is the CDC’s inscrutable misrepresentation of the measles mortality rate. On the CDC website page entitled “Top 4 Things Parents Need to Know About Measles,” parents are told that “1 to 3 out of 1,000 people with measles will die, even with the best care.” The CDC is telling parents that the mortality rate from measles is 100 to 300 per 100,000 people. In 1900, it was 10 per 100,000 people who contracted measles. By the time the vaccine was available, the mortality rate was 0.3 per 100,000. How then, in 2019, can the mortality rate in the United States have increased so dramatically? Furthermore, how can the CDC derive such a mortality rate when there have been only two reported measles deaths in the past 16 years? One must ask why the CDC would knowingly mislead parents. It is unfathomable.

From January 4 through April 2, 2015, 159 cases of measles were reported in the United States. Of these cases, 111 were linked to Disneyland visits in California from December 17, 2015 to the 20th. It is believed an infected foreign traveler visiting the theme park was the source of this outbreak. Of the nationwide cases, approximately 82 percent of the individuals had not been vaccinated for a variety of reasons, including religious and philosophical beliefs, medical contraindications, and age restrictions. That leaves vaccinated individuals making up 18 percent of the measles cases. The CNN article stating these vaccinated to unvaccinated percentage statistics went on to say that the measles vaccine is 99 percent effective. Apparently not in this outbreak. There were no deaths among the vaccinated or unvaccinated cases. The total number of measles cases for 2015 was 188.

The print and visual media’s response to the Disneyland outbreak was hyperbolic, warning of a health crisis that did not exist. Using such language as “scary,” “alarming,” and “devastating,” the media warned of the “skyrocketing” number of measles cases in recent years. The blame for the increase was laid exclusively at the feet of the growing number of parents who have adopted a modified vaccination schedule or have chosen to forgo vaccinations altogether. Citing a 2014 AP-GfK survey finding that only 53 percent of Americans were confident vaccines were safe and effective, a *Washington Post* article stated that those 47 percent who were not confident are similar to the “proportion who believe that houses can be haunted by ghosts.” Almost without exception, the media parroted the CDC mantra that vaccines are safe and effective, and that the measles vaccine is solely responsible for the dramatic decline in measles mortality. None of the risks associated with vaccinations was mentioned, and those parents choosing not to vaccinate their children were characterized as uneducated, hysterical, and a threat to the health of all. Yet, according to a survey in *Pediatrics*, most unvaccinated children in the United States have a college-educated mother who is at least 30 years old and a household annual income of at least \$75,000.

In the midst of the media fervor over the Disneyland measles outbreak, California State Senator Richard Pan introduced and Governor Jerry Brown signed into law Senate Bill 277, which eliminated personal and religious belief exemptions to the CDC vaccination requirements upon entry to public *and* private elementary and secondary schools. In effect, California law usurped parents’ rights regarding the health and well-being of their children. Parents who believe abortion is a mortal sin are faced with the



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prospect of their children being injected with vaccines using aborted fetal cells if they are to attend school. Other parents, having researched the risk of vaccines versus their benefits, are denied the right to choose a more reasoned approach, either delaying vaccines or modifying the schedule to lessen the harmful effect of toxins injected into their children under the CDC schedule.

Only medical exemptions remained after SB 277, and parents with personal, philosophical, and religious opposition to vaccines were left with the option of homeschooling or leaving California. Meanwhile, Senator Pan, whose Twitter and social-media pages read like those of a big-pharma lobbyist, sanctimoniously stated, "It is our duty and responsibility to protect all children who attend schools in California."

Now, four years later, Senator Pan is back, this time pushing Senate Bill 276 that would prohibit physician-issued medical exemptions, despite earlier promises he would never go after them. Instead, the authority to issue these exemptions will rest with the California Department of Public Health. Physicians will be required to complete a standardized exemption form and certify that it is "true, accurate, and complete," and then submit it to the CDPH. SB 276 would also limit valid medical exemptions to only a handful of contraindications as specified by the CDC.

The list of "appropriate" versus "incorrectly perceived" contraindications reads like something from an alternate-reality horror film. For example, your child will be exempt from a *subsequent* dose of vaccine if he or she suffers a "severe allergic reaction (e.g., anaphylaxis)" or if "encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures)" results "within 7 days of administration." However, if from that same vaccine, your child suffers "collapse or shock-like state (i.e., hypotonic hyporesponsive episode) within 48 hours of a previous dose" or suffers a "seizure  $\leq$  3 days after receiving a previous dose," he or she is *not* exempt from subsequent vaccinations. Neither would your child be exempt from vaccination if an older sibling suffered a severe adverse event after the vaccine. One has to ask: What type of society demands that a child first suffer a severe injury before his or her parents may decline a medical procedure? And what parents, having witnessed their child suffer a severe vaccine injury, would ever subject their younger children to what amounts to vaccine roulette? SB 276 has now been signed into law by Governor Gavin Newsom, and that is what parents will face. The health and well-being of our children will be in the hands of the all-powerful state of California and its appointed officials.

Perhaps not surprisingly, Section 1 of SB 276 gratuitously provides the CDC measles case totals for 2019, both nationwide and in California, apparently as sound justification for what can only be described as a draconian law. In introducing the bill, Senator Pan also assailed the rise in medical exemptions since the passage of SB 277, and stressed the need to close that "loophole." Pan said, "It is clear that a small number of physicians are monetizing their exemption-granting authority and profiting from the sale of medical exemptions." This is coming from a man whose political career has been and continues to be heavily funded by the pharmaceutical industry. This funding looks suspiciously like a reward for introducing Senate Bills 277 and 276.

Section 1 of SB 276 states that "the legislature finds and declares" that "but for a small number of individuals, immunizations are safe and effective." It is unclear why the drafters of this bill included such a declaration. It may have been included to reassure legislators who were voting away parental rights that they were doing so for the good of all, insuring "community immunity." More likely, however, the declaration was included to repudiate a growing number of parents who, after years in the



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trenches, believe vaccines are not safe and that — not a few, but many — children in this country are paying a dear price for putative “community immunity.”

Nearly every vaccine injected into our children today contains either aluminum, aborted fetal cells, or both. Aluminum is an environmentally abundant metal, found in the food we eat, the water we drink, and the air we breathe. It is also a neurotoxin — inhibiting many vital biological functions — and has been linked to neurodegenerative and autoimmune diseases. In September 2008, the U.S. Department of Health and Human Services, Agency for Toxic Substances and Disease Registry, issued a public health statement on the toxicology profile for aluminum. The preamble states, “This information is important because this substance may harm you. The effects of exposure to any hazardous substance depends on the dose, the duration, how you are exposed, personal traits and habits, and whether other chemicals are present.”

Under the current CDC vaccination schedule, on day one of life an infant receives 17 times more aluminum than would be allowed if doses were adjusted per body weight. Minimum Risk Level (MRL) safety guidelines continue to be exceeded for at least the first two years of life. Furthermore, safety inferences were made based on oral consumption and not injection. When we eat foods with aluminum, we absorb 0.2 to 1.5 percent. With normal functioning kidneys, it will be excreted. When aluminum is injected as a vaccine component into our children, 100 percent is absorbed. No safety testing for aluminum is required for vaccines. Nor is the MRL of aluminum adjusted appropriately to account for the immature renal function of infants and young children. It takes two to three years for full renal maturity, and an infant’s limited kidney function is outpaced by the CDC schedule, potentially resulting in aluminum loading. Instead of the neurotoxin being excreted, it stays and builds up in bones and organs, including the brain, since aluminum can permeate the blood-brain barrier.

Early on, aluminum loading afflicted dialysis patients, who have little or no renal function. Exposure to aluminum from contaminated water used for dialysis caused severe and sometimes fatal encephalopathy, bone disease, and anemia. Although these diseases once occurred in epidemic proportions in some dialysis populations, aluminum toxicity is now uncommon because the neurotoxin was removed from the water used for dialysis. Why have we not afforded our children the same protection from aluminum?

The MMR II vaccine, among others, is manufactured using aborted human fetal cell lines that are contaminated with human fetal DNA. Because this fetal DNA cannot be eliminated during manufacturing purification process, it can reach high enough levels after vaccination to trigger autoimmune attacks in children. Even small amounts of fetal DNA can trigger powerful autoimmune responses. Take labor, for instance. Labor is triggered by fetal DNA from the baby building up in the mother’s bloodstream, resulting in a massive immune rejection of the baby. Injecting a child with human fetal DNA contaminants carries the risk of triggering the child’s immune system to attack his/her own body. In January 1979, the FDA (Federal Drug Administration) approved the manufacturing switch for the rubella virus from an animal-based cell line to a human fetal cell line. Since 1980, there have been sustained increases in the rates of autism and other autoimmune diseases such as allergies, asthma, multiple sclerosis, and pediatric inflammatory bowel disease.

Despite the demonstrated risks associated with aluminum and aborted fetal DNA, thorough toxicity profiling was never performed on these vaccine components prior to FDA approval. Standard protocol clinical trials were not conducted by pharmaceutical companies on any of the vaccines prior to FDA



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approval. Why? Nor were clinical trials conducted testing the safety of injecting our children with multiple vaccines as more and more were added to the CDC vaccination schedule. Typically, before a drug receives approval for use in the United States, a rigorous and thorough three-phase clinical trial process is conducted. All clinical trials include a control group (participants who receive a neutral placebo, e.g., saline solution) or other ways to eliminate research bias. Less than 10 percent of all drug candidates will successfully make it through all three phases so that the drug developer is allowed to submit a New Drug Application to the FDA. Even after FDA approval, deadly risks associated with a drug may still appear, invariably resulting in a recall.

It is impossible, then, to reliably evaluate the risks associated with vaccines when no vaccine clinical trial — nor any subsequent study after approval — has studied a large group of participants over time with a control group receiving only a placebo (i.e., no vaccine component whatsoever). Post-approval studies invariably compare sick vaccinated children to healthy vaccinated children or some other variation of vaccinated to vaccinated children. The CDC offers these types of post-approval studies on its website, thus obfuscating — whether intentionally or unintentionally — the desperate need for open dialog regarding the health risks of vaccines.

Notwithstanding the lack of thorough and reliable safety studies, healthcare professionals and state and federal health agencies continue to assert that vaccines are “safe and effective.” On the CDC’s website under “Vaccine Safety,” it highlights a tome, *Adverse Effects of Vaccines, Evidence and Causality*. The first sentence of the preface reads, “Vaccines are widely recognized as one of the greatest public health successes of the last century, significantly reducing morbidity and mortality from a variety of bacteria and viruses.” Perhaps not surprisingly, in the “Concluding Comments” the committee tasked with compiling and assessing this evidence said, “This report is not intended to answer the question ‘Are vaccines safe.’” After 800-plus pages, the reader is no closer to the truth.

Over the last 50 years, the number of vaccines administered to a child by the time he/she is two years old has more than tripled. The types of vaccines and their concurrent delivery and frequency have all increased. In a 1967 “well baby” pediatrician visit, a two-month-old infant received two vaccinations: DTP (diphtheria-tetanus-pertussis) and OPV (oral polio vaccine). Today, a two-month-old infant receives six vaccinations: HepB (hepatitis B), RV1 (rotavirus), DTaP (diphtheria-tetanus-pertussis), Hib (influenzae type b), PCV13 (pneumococcal conjugate), and IPV (inactivated poliovirus). This is in addition to the three vaccinations the infant has already received: HepB at birth, and influenza and TDaP in utero.

While there was a steady increase in the number of vaccinations during the 1970s and '80s, the most dramatic rise has occurred over the past 30 years. Between 1989 and 2019, seven new vaccines and their concomitant injections were added to the vaccination schedule (Hib, HepB, Varicella, HepA, pneumococcal, influenza, and rotavirus). Today, if a child is vaccinated according to the CDC schedule, he will have received a total of 37 vaccinations by the time he enters kindergarten. Parents in California must now adhere to this schedule if they want to send their children to public or private schools.

If vaccines are safe and allegedly a panacea for childhood diseases, then why have our children become increasingly ill over the past 50 years? The dramatic rise in vaccinations should have resulted in healthier children. This is not the case. Between 1975 and 2019, the autism rate in the United States soared from one in 5,000 to one in 59, and in boys to one in 37. Food allergies increased 50 percent from 1997 to 2011. An estimated eight percent of children — one in 13 — have food allergies. Food



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allergies are a leading cause of anaphylaxis, resulting in approximately 200,000 emergency room visits per year. Most school lunches included peanut butter-and-jelly sandwiches when I was growing up. Even in the late '80s and early '90s, when our daughter was in school, they were common. Now many schools provide peanut/nut-free lunch tables or prohibit nuts from being brought to school altogether.

Asthma is another serious illness on the rise. Asthma prevalence increased from 3.6 percent in 1980 to 9.3 percent in 2010. It is the leading chronic disease in U.S. children today. It also ranks third in the cause of hospitalization for children under the age of 15 and is the principal reason for missed school days. The medical community can describe the symptoms associated with autism, allergies, and asthma, but can only speculate as to the causes and have no explanations for their increase over the years. Other serious and sometimes deadly illnesses have also risen dramatically over the past 30 years, including childhood cancers, febrile seizures, atopic dermatitis, pediatric inflammatory bowel disease, type 1 diabetes, and multiple sclerosis.

Vaccination proponents are quick to assert that correlation is not causation. And they are correct. Without unbiased, long-term studies using a placebo containing no vaccine component whatsoever, it is impossible to establish a causal relationship between the precipitous rise in these diseases and the correlating increase in vaccinations. Evidence of vaccine injury nonetheless abounds. The Mayo Clinic website states that “autism spectrum disorder has no single known cause. Given the complexity of the disorder, and the fact that symptoms and severity vary, there are probably many causes. Both genetics and environment may play a role.” In bold, the website then states there is “No link between vaccines and autism spectrum disorder.”

If genetics plays a role in autism, it seems an unlikely culprit for the dramatic rise in autism. Why would there be exponentially more children genetically predisposed to autism today than 30 to 40 years ago? Blaming the environment for the rise in autism seems similarly without basis. Under the Clean Air Act administered by the U.S. Environmental Protection Agency (EPA), aggregate emissions of six common pollutants dropped 73 percent between 1970 and 2017. Also administered by the EPA are the 1976 Resource Conservation and Recovery Act (RCRA) and 1972 Clean Water Act, regulating the handling, treatment, and disposal of hazardous wastes. The use of toxic pesticides — also regulated by the EPA — has plummeted between 1970 and today. How can a cleaner environment account for the rise in autism? One has to ask the question, what other variable is left? Vaccines.

The onset of these chronic, debilitating, and sometimes deadly diseases afflicting our children today can often be directly connected with recent vaccinations. Yet parents have no recourse against the pharmaceutical companies who manufactured the vaccines that injure or kill their children. The National Childhood Vaccine Act of 1986 exempted vaccine manufacturers from vaccine injury liability. Undoubtedly, government politicians were pressured, threatened, and lobbied by pharmaceutical companies to pass this act. The stated reason for the act was fear that the increasing injury lawsuits filed by parents would drive vaccine manufacturers out of the market, thereby endangering the much-touted benefits of nationwide vaccination goals.

In almost Orwellian fashion, an “alternative remedy to judicial action” was enacted to address vaccine-related injuries. The National Vaccine Injury Compensation Program (NVICP) was established, with a “vaccine court” deciding what injuries would be eligible for compensation. One has only to visit the NVICP’s website to appreciate what a daunting task it is to file an injury claim. It would be impossible to navigate the claim process without a lawyer specifically familiar with the program. More disturbing



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are the limited number of vaccine injuries that qualify for compensation, and the monetary caps for those injuries. For example, if a child dies as a result of a vaccine injury and it fits the criteria (including narrow time-period specifications for first symptoms or manifestations) listed on the Vaccine Injury Table, his/her "estate" will receive \$250,000. Additionally, claim petitions must be filed within 36 months of a vaccine injury. Even with these nearly insurmountable obstacles, over NVICP's 30-year history, 20,000 claims have been filed and \$4.1 billion has been paid out for vaccine injuries and deaths.

Vaccine injury is a reality. There is an undeniable correlation between the dramatic rise in diseases such as autism, asthma, and food allergies, and the rise in the number and concurrent injections of vaccines administered. Our children are sick, and more are getting sicker each year, and yet healthcare professionals and agencies continue to say that vaccines are safe and effective, and adverse events are rare. Also repeated ad nauseam is the chant, "Vaccines don't cause autism." Medical professionals admit they don't know what causes autism, why some children are more susceptible to it, or why there has been a dramatic increase in the disease over the past 30 years. Yet they nevertheless state unequivocally that vaccines don't cause autism. Physicians, healthcare agencies, and politicians are unwilling to acknowledge, and even actively suppress, any notion that vaccines may have created a healthcare crisis far more devastating than the measles. Why? One has only to ask one question, "*Cui bono?*" Pharmaceutical companies who manufacture the vaccines, to be sure. Between 1982 and 2018, the market for vaccines has grown from \$169 million to nearly \$50 billion. Merck & Co., Inc., a big pharma company that manufactures Gardasil, Gardasil 9, ProQuad, M-M-R II, Varivax, Pneumovax 23, RotaTq, and Zostavax, reported revenue of \$6.8 billion for these vaccines in 2018 alone. Many of the studies concluding that vaccines are safe were sponsored and funded by and had study participants linked to the very pharmaceutical companies manufacturing the vaccines.

Politicians also benefit. In 2013-2014, pharmaceutical companies gave more than \$2 million to members of the California State Legislature. Nine of the top 20 recipients were either legislative leaders or served on either the Assembly or Senate health committees. Not surprisingly, Senator Richard Pan was the top recipient, adding more than \$95,000 to his campaign coffers. California SB 277 eliminating personal and religious exemptions to CDC vaccination requirements was introduced in January 2015. For 2018, Senator Pan received more than \$150,000 in campaign contributions from pharmaceutical companies. If one takes into account the contributions he received from health service organizations and doctors associations heavily lobbied by big pharma, the total for Pan in 2018 alone is closer to \$500,000.

Finally, and perhaps most troubling, pediatricians benefit. Dr. Robert S. Mendelsohn (July 13, 1926 - April 5, 1988), a pediatrician and vocal critic of many modern medications and surgical procedures he considered not only unnecessary but dangerous, was an anti-vaccination activist. *In How to Raise a Healthy Child... In Spite of Your Doctor*, Mendelsohn characterized well-baby office visits during which vaccines are administered as the "bread and butter" of the specialty, claiming that pediatricians will defend these routine immunizations "to the death." Dr. Paul Offit is a pediatrician and a vocal proponent of vaccines. In 2008, Paul "for profit" Offit, of Children's Hospital of Philadelphia, made an estimated \$46 million as part of a \$182 million sale by the hospital of its worldwide royalty interest in the Merck RotaTeq vaccine. Offit, whose pro-vaccine comments are often quoted in the media, said "an infant can safely receive up to 10,000 vaccines at once."

Parents with real concerns about vaccines cannot compete with big pharma and its mountains of gold,



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and therefore their pleas to all but a few politicians fall on deaf ears. Even most pediatricians, whom parents should be able to trust, have abandoned them, strictly adhering to the pro-vaccine mantra. Yet many parents continue to fight. Most have either experienced first-hand or know family members or friends who have suffered the tragedy of a vaccine-injured child. One need only look around. Among family, friends, and my immediate neighborhood, there are too many ill children. There is the two-year-old boy with such severe food allergies that his mother cannot take him to the park for fear he might be exposed to another child's food. There is the boy down the street with mild autism and the little girl with eczema. There are the two brothers with asthma, severe enough to result in multiple hospitalizations. Another young boy has shrieking outbursts with little or no provocation. A four-year-old healthy little girl went in for her well-child visit and, within 10 seconds of receiving her vaccinations, lost consciousness. Within an hour she was temporarily paralyzed. This is what I see. Are these vaccine injuries? It is impossible to know without open dialogue and unbiased vaccine studies.

A young mother I know with an infant boy recently expressed concern about vaccinations and the risk of autism to her pediatrician. The doctor retorted, "better that than dead." Despite this unbelievably irresponsible and ugly response, it does raise an important question. Have vaccines eradicated typically week-long childhood illnesses, only to cause chronic, life-long diseases? It seems so. Whether or not to vaccinate a child is a very personal decision parents must make based on knowledge, experience, faith, and conscience. With SBs 277 and 276, California has usurped parents' right to make that decision. Instead, California will decide — the state that cannot even properly maintain and ensure the safety of its roads, bridges, dams, and reservoirs. A truly frightening prospect.

*Susan C. McGrath is the author of [The Long Sadness \(2014\)](#) and [To the Waters and the Wild \(2019\)](#), and has lived in California all her life.*

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