



Written by [Rebecca Terrell](#) on May 7, 2019

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Forced Vaccinations: Is It Time for Big Brother to Become Your Doctor?

Anti-vaxxer — an ugly word akin to genocidal Nazi or child-sacrificing Aztec. If so labeled, you are guilty as charged, prepared to slaughter children and endanger society for a silly, outdated idea of personal liberty in defiance of established science and basic human rights.

“This isn’t just a public health crisis. It’s a public sanity one,” writes *New York Times* opinion columnist Frank Bruni. “The anti-vaccine crowd ... aren’t trafficking in anything concrete, mundane and quaint as facts. They’re not really engaged in a debate about medicine. They’re immersed in a world of conspiracies, in the dark shadows where no data can be trusted, nothing is what it seems, and those who buy the party line are pitiable sheep.”



Recent measles outbreaks across the United States — 555 cases in 20 states confirmed as of April 11 by the Centers for Disease Control and Prevention (CDC) — have ignited extreme reactions from government officials. In January, Washington governor Jay Inslee declared a public health emergency citing 31 cases in two counties. In March the top official of Rockland County, New York, banned children unvaccinated against measles from public places for 30 days, warning that parents who ignore the ban could be subject to both fines and jail time.

A judge subsequently lifted that ban, saying the number of cases did not meet the legal requirement for an emergency declaration. That didn’t stop New York’s Mayor Bill de Blasio, who ordered mandatory vaccinations for certain affected areas of the city, targeting the orthodox Jewish community of Williamsburg in Brooklyn, a neighborhood with a high percentage of unvaccinated families. “We cannot allow this dangerous disease to make a comeback here in New York City,” de Blasio lamented at a press conference. “We have to stop it now.” So he’s slapping a misdemeanor charge and a \$1,000 fine on anyone who refuses the measles vaccine, glibly stating: “The faster everyone heeds the order, the faster we can lift it.” In a WCBS news radio interview about a lawsuit against his edict filed by the Hasidic Jewish community days later, de Blasio rebuffed the parents’ concerns and bragged, “We will beat them.”

Implying that victims are dropping like flies and that measles will soon decimate entire cities without extreme, protective countermeasures, news outlets fail to mention that most cases are not severe. On the contrary, media opportunists feed the flames. The *Bloomberg* editorial board hopes that these outbreaks “may finally be scaring sense” into parents who believe the “myths” that vaccines may cause



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“seizures, autism, mercury poisoning or death.” And in a fit of yellow journalism at its finest, a CBS affiliate in Texas featured an alarming picture of a baby supposedly suffering from measles, when in fact the child was injured by the measles vaccine. CBS “decided to use my kid as the poster child for the measles outbreak,” writes mom Dawn Neufeld on her Facebook page. “But the irony ... Will doesn’t have measles in this picture; this is the reaction he had to taking the ‘safe’ MMR shot.”

Nevertheless, the witch hunt is on. Writing for *Fatherly Magazine*, Patrick Coleman calls for the arrest of “anti-vaxxers spreading measles,” claiming that “there are laws and precedent to prosecute.” He points out that federal law allows forced quarantines of those with certain communicable diseases, and nine states allow fines and criminal prosecution for spreading infectious disease. Certain European countries already fine parents for refusing to have their children immunized.

Reporters such as these lay blame at the doorstep of parents, but can they rightly assume unvaccinated children always cause outbreaks? A fully vaccinated 22-year-old woman sparked the 2011 measles epidemic in New York. A 1985 epidemic struck a fully immunized school in Corpus Christi, Texas. CDC researchers linked the 2014 spate of Disneyland measles to an outbreak in the Philippines that year, likely brought to the United States by an infected traveler. Some people even get measles from the vaccine, as CNN reported in March of one-year-old Elsie Mendoza. After her first dose of the measles, mumps, and rubella (MMR) vaccine, she spiked a fever, developed a full body rash, and had three visits to urgent care before doctors finally admitted the vaccine was the likely culprit.

Media also note that the federal government declared measles eliminated from the United States in 2000, giving the impression that anti-vaxxers have ruined our record. In reality, the CDC reported 86 cases nationwide in 2000 and more than 100 the following year. (The agency defines an “outbreak” as three or more infections and “elimination” as “absence of continuous measles transmission for greater than 12 months.” The CDC also blames most outbreaks on infected travelers bringing the virus with them from abroad.) Well more than 100 confirmed U.S. cases are recorded most years since 2008, and in 2014 there were 667. Interestingly, from 2003 until 2015 there were no deaths from measles, but over that same period the federal government’s Vaccine Adverse Event Reporting System (VAERS) linked the deaths of more than 100 children to the measles vaccine, which contains a live virus.

With that in mind, what are we to think of media insistence that vaccines are effective and harmless? Should we demonize — even fine and jail — parents who opt for natural over artificial immunity for their children?

Safe and Effective?

All drugs have side effects, and the U.S. Food and Drug Administration (FDA) requires manufacturers to list them, along with a host of other disclaimers and clinical trial results, in product packaging literature. Vaccines are no exception.

Let’s use the popular Merck & Co. MMR II vaccine as an example. “As for any vaccine, vaccination with M-M-R II may not result in protection in 100% of vaccinees,” states the package insert. This disclaimer seems to belie universal insistence of the drug’s effectiveness. How do you explain it?

“An ‘effective vaccine’ as defined by researchers, is one that leads to the development of antibodies after it has been injected into the bloodstream,” explains Dr. Sherry Tenpenny of NMA Media Press. “It is important to understand that *effective* and *protective* in vaccine research are not synonyms.” In other



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words, vaccines cause the patient to produce antibodies (effective) but cannot guarantee protection from disease (protective). That explains why kids who get their shots still contract infections.

But what about herd immunity — a dearth of contagious disease resulting when a significantly large portion of a population is immunized? Haven't measles deaths nose-dived since 1963 when the vaccine was introduced? In reality, that tailspin occurred in the pre-vaccine era. According to U.S. Vital Statistics, until 1920, more than 10 deaths resulted for every 100,000 measles cases, a rate of 0.01 percent. By 1955, the rate had plunged to 0.00003 percent, or 0.03 deaths per 100,000.

What caused the precipitous decline? By the 1920s, doctors had discovered the efficacy of cod liver oil against viruses such as measles, mumps, and chickenpox. Until the 1960s, moms regularly dosed their reluctant children with the foul-tasting liquid. Since then the practice has given way to vaccines, but the *New England Journal of Medicine* confirmed in 1990 that vitamin A — a main ingredient in cod liver oil — is essential in measles treatment, finding that patients supplemented with it have fewer and less severe symptoms, recover more quickly, require less hospital time, and have lower mortality. Physicians for Informed Consent explains that most measles-related morbidity and mortality worldwide involve vitamin A deficiency.

Regarding the safety of vaccines, they are no different from any other FDA-approved medication, all of which carry risks. Again using Merck's MMR II vaccine as an example, adverse reactions observed in clinical trials include both mild (e.g., fever, headache, dizziness, diarrhea, vomiting) and severe effects (e.g., diabetes mellitus, arthritis, encephalitis, meningitis, pneumonia, and anaphylaxis — an acute, sometimes deadly, allergic reaction).

The CDC assures us that our country "has the safest, most effective vaccine supply in its history" and that severe reactions are rare, "occurring at a rate of one per million doses for many vaccines." Yet consider this list compiled by Dr. Jane Orient of the Association of American Physicians and Surgeons (AAPS), a private organization representing thousands of physicians in all specialties nationwide:

The smallpox vaccine is so dangerous that you can't get it now, despite the weaponization of smallpox. Rabies vaccine is given only after a suspected exposure or to high-risk persons such as veterinarians. The whole-cell pertussis vaccine was withdrawn from the U.S. market [in the 1990s], a decade later than from the Japanese market, because of reports of severe permanent brain damage.

We could add to this list products such as the Rotashield rotavirus vaccine, withdrawn only one year after FDA approval because of so many severe reactions in children, including the death of a five-month-old infant. There was also LYMERix, a vaccine for Lyme disease, which lasted less than four years before class-action lawsuits linking it to rheumatoid arthritis forced it off the market.

This is not to say that no one should be vaccinated. The point is that, despite media insistence that vaccines are safe, they really are no different from any other prescription drug — all of them present risks. But they *are* different from most other medications because we have no way of knowing how safe or dangerous they are. "There are no rigorous safety studies of sufficient power to rule out" complications, notes Orient. A 2012 review by the medical research organization Cochrane concluded: "The design and reporting of safety outcomes in MMR vaccine studies, both pre- and post-marketing, are largely inadequate." Regarding vaccines in general, economist Gayle DeLong of Baruch College wrote in the journal *Accountability in Research*: "No study of the safety of the entire U.S. vaccine schedule has ever been undertaken. That is, the safety of the combination of vaccines is unknown."



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Manufacturer Immunity

Vaccine manufacturers have no incentive to research further because the federal government protects them from virtually all liability when their products injure or kill patients. In 1986, Congress established the taxpayer-funded National Vaccine Injury Compensation Program (NVICP) under the U.S. Department of Health and Human Services (HHS). NVICP has since paid out nearly \$4.1 billion in claims. Instead of suing the companies that produce and sell these potentially dangerous products in civil court, vaccine-injured victims and their families are forced to petition HHS in a process that disillusioned claimants have discovered to be heavily weighted against them. The non-profit Children's Health Defense tells the sad tale:

HHS has turned a basic administrative compensation process into a "highly adversarial, lengthy, expensive, traumatic and unfair imitation of a court trial for vaccine victims and their attorneys," charges Barbara Loe Fisher of the National Vaccine Information Center, who was instrumental in drafting the original law. She is not alone. Even the program's former Chief Special Master, Gary Golkiewicz, said the government "altered the game so that it's clearly in their favor. (The government) has a vested interest in vaccines being good. It doesn't take a mental giant to see the fundamental unfairness in this."

Unfairness is putting it mildly; draconian is more apt. Petitioners have a mere three years to file post-injury, and HHS recognizes only certain possible adverse outcomes listed on its "Vaccine Injury Table," which has been updated just twice since 1986 when children generally received seven vaccines. (There are 16 recommended by CDC now in a total of 70 doses.) The first update applied to only one vaccine — hepatitis B — and the second involved *removal* of some previously listed injuries.

Notably absent from the table is autism, which many physicians link to thimerosal, a mercury preservative used in several vaccines. CDC claims no causal link due in part to the study it commissioned in 2000 to evaluate the issue. Records of the research committee's preliminary discussions relate that the chairman, Dr. Marie McCormick, acknowledged that the CDC "wants us to declare" vaccines safe, and she blatantly admitted, "We are not ever going to come down that [autism] is a true side effect."

In fact, no CDC-sponsored research finds a link between vaccines and autism, but the agency is plagued with conflict-of-interest charges in relation to those studies. Highlighting the story of CDC researcher-turned-whistleblower Dr. William Thompson, the 2016 documentary *Vaxxed: From Cover-up to Catastrophe* exposes conspiracy within the agency to destroy evidence linking autism to the MMR vaccine. Where is the incentive for the CDC to admit a decades-long error? Interestingly, thimerosal content has recently been reduced or eliminated in some vaccines. Based on the number of autism claims filed through December 2011 with NVICP, DeLong estimated they would have cost taxpayers an additional \$4.6 billion in payouts.

Children's Health Defense (CHD) says 75 percent of NVICP cases are dismissed. HHS calculates a slightly higher number it has compensated — 31 percent of more than 20,000 petitions filed since 1988. It estimates that "for every 1 million doses of vaccine that were distributed, 1 individual was compensated," but it fails to relate how heavily the cards are stacked in its favor.

Perhaps a better litmus test is VAERS, the federal Vaccine Adverse Event Reporting System. VAERS



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receives approximately 30,000 reports of vaccine-related adverse events annually, but because it is a passive reporting system, experts estimate as much as 10-fold under-reporting. Based on these statistics, “anywhere from 4,500 to perhaps 45,000 serious vaccine injuries occur every year in the United States,” says CHD, “including brain damage, seizure disorders, chronic arthritis, neurodevelopmental disorders,” and death.

Yet state governments require parents to have their children vaccinated. Though there is not yet a federal mandate, all 50 states require certain vaccinations for school attendance, with limited options for medical, religious, and philosophical exemptions. In the case of other drugs and medical procedures, patients have the right of full disclosure regarding risks and benefits, and the subsequent right to accept or reject them. In regard to vaccines, patient rights are thrown to the wind, destroying the doctor-patient relationship, allowing government to usurp the physician’s role and effectively practice medicine without a license.

“Intimately personal medical decisions should not be made by government,” stated Ron Paul, M.D., former U.S. Representative (R-Texas), in a 2011 article entitled *Government Vaccines — Bad Policy, Bad Medicine*. “Freedom over one’s physical person is the most basic freedom of all.... When we give government the power to make medical decisions for us, we in essence accept that the state owns our bodies.”

Vested Interests

What is behind government’s seemingly fanatic obsession? Does the state want to “own your body”? Or could it be a classic case of “follow the money”? Golkiewicz cited government’s “vested interest in vaccines.” Orient also mentioned “enormous conflicts of interest involving lucrative relationships with vaccine purveyors.”

One example is detailed in a 2000 U.S. House Majority Staff Report, “Conflicts of Interest in Vaccine Policy Making.” It recounts the rise and fall of Rotashield, approved in 1998 against rotavirus and pulled in 1999 after an infant died and many other children suffered severe injury. The chair of the advisory board that approved Rotashield, Dr. Patricia Ferrieri, owned \$20,000 of stock in vaccine manufacturer Merck, and was subsequently awarded a federal grant of \$135,000 for rotavirus research. Another advisory committee member, Dr. Caroline Hall, worked for the University of Rochester, which had a \$9.5 million contract with the federal government for vaccine development. Yet another advisor, Dr. Kathryn Edwards, held numerous government grants and private contracts for vaccine studies, totaling more than \$6.8 million from 1996 through 2003. Dr. Mary Estes, also on the advisory committee, worked for Baylor College of Medicine and was the principal investigator for a grant from Merck for rotavirus vaccine development. Her employer was also receiving hundreds of thousands of private and federal grant dollars for vaccine research.

This is only a partial list. The House report concluded that more than half the individuals responsible for Rotashield approval had financial ties to pharmaceutical companies that were developing different versions of the vaccine. Moreover, it found that these advisory board members routinely obtained waivers from conflict-of-interest rules; those who were not allowed to vote were still given full voice in committee deliberations.

This is just the case of one vaccine. DeLong found vaccine safety research clouded with conflicts of



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interest. Though she acknowledged that independent advocacy groups, skeptical of vaccines, are certainly interested in exposing their dangers, “These organizations are not as well-staffed or well-funded as government agencies or vaccine manufacturers.”

What she reported is troubling: Two-thirds of vaccine safety researchers receive industry support and sponsorship; part of FDA funding comes from fees pharmaceutical companies pay to have their drugs evaluated; working for agencies such as the CDC is often a “stepping stone to employment at a vaccine manufacturer”; since 2005 the pharmaceutical industry has employed “at least three lobbyists for every member of Congress,” many of whom are former government employees; and medical journals rely on advertising from pharmaceutical companies, and their “authors’ ties to vaccine manufacturers are pervasive.”

Good Vaccines

Such conflicts of interest are ruining what truly has been one of the greatest breakthroughs in the history of medical science. We can thank smallpox for the advent of vaccination. Prior to the 19th century, smallpox was a major cause of death worldwide and one of the most feared infectious diseases. About one in five victims died; those who survived were often left blind or disfigured. Some tried to combat the disease with variolation — injecting a healthy person with a small amount of pus from an infected patient. People were willing to risk it because the odds of death dropped from 20 to 2 percent. When it worked as hoped, the patient suffered a mild attack but was immune to future infection. In 1796, English doctor Edward Jenner noticed that milkmaids who contracted the benign disease cowpox were resistant to smallpox. He pioneered the revolutionary practice of vaccination, using material from the pustules of infected cows. The practice was hotly contested until smallpox deaths nose-dived wherever vaccination was introduced. Within 50 years it became the accepted norm, and less than 200 years later, in 1979, the World Health Organization announced smallpox effectively eradicated from the globe.

But when it comes to measles, we’re not dealing with a disease that can decimate populations as did smallpox throughout the world since ancient times. Among measles patients, Orient notes, “Almost all make a full recovery, with robust, life-long immunity.” Moreover, Physicians for Informed Consent recounts on its website that studies suggest a link between naturally acquired measles infection and reduced risk of certain diseases such as cancer, some allergies, and cardiovascular disease.

Chicken Little

Even less to be feared is chickenpox, although you wouldn’t know it by recent headlines. Little more than 20 years ago, government downplayed this common childhood malady on two of its popular PBS Kids series: *Caillou* (the four-year-old’s mother tells him, “They’re just little, itchy spots. Nothing to worry about”) and *Arthur* (the main character recovers from chickenpox in a few days, enjoying extra attention he gets in the meantime). Now, chickenpox is repackaged as a life-threatening plague. The CDC website strongly warns parents: “Chickenpox can be serious and can lead to severe complications and death, even in healthy children.”

What changed between then and now? The varicella (chickenpox) vaccine entered the scene in 1995. Prior to that, annual mortality rates were 0.003 percent, and most deaths involved immunocompromised adults. If that presented such a grave public health threat, why did it take so long



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for anyone to develop a vaccine?

Reading the CDC website, you'd think the vaccine was completely safe. Dr. Gary Goldman tells a different story. He served as research analyst for the CDC pilot varicella vaccine program in California from 1995 until 2002, when he resigned over the agency's routine manipulation of data to conceal negative information. Many of those undesirable outcomes are reported through VAERS, however. As of mid-2018, the varicella vaccine has caused nearly 4,000 serious adverse events, including almost 200 deaths, most of whom were children under six. In the first few years after introduction, the manufacturer had to add 17 adverse events to its product labeling, including transmission of the vaccine virus, spinal cord injury, Guillain-Barre syndrome (an autoimmune disorder), and shingles.

There is also little press about the positive aspects of naturally acquired chickenpox. According to the National Vaccine Information Center, prior to 1995, children usually caught chicken pox by age six, leaving them with long-lasting immunity. (Those who contract it as adults face a higher risk of severe complications, making childhood illness more desirable.) After a young person recovers from natural chickenpox, the virus remains dormant in his body, and every future environmental exposure to the virus boosts his natural immunity by causing him to produce more antibodies, protecting him not only from future outbreaks but also from shingles, which is caused by the same virus. The temporary, artificial immunity of vaccines leaves older children and adults vulnerable to both. And someone who has never had chickenpox before can catch it directly from anyone with shingles, which in adults can be quite serious.

Nevertheless, mainstream media dutifully plug the vaccine and deliver a requisite Chicken Little performance when naturally acquired chickenpox hits. Last year, it blamed religious vaccination exemptions for 36 cases in a small North Carolina school. "Anti-vaccination stronghold in N.C. hit with state's worst chickenpox outbreak in 2 decades," shrieked the *Washington Post* last November. What happened to those 36 victims? They got over it.

If media apoplexy were our only worry, we could rest easy and enjoy the show. But does the fact that states are strong-arming parents over this common childhood illness signal the dawn of medical dictatorship? In 2013, New York refused a chickenpox vaccine medical exemption to a kindergartner, despite her doctor's refusal to immunize her. He said the non-essential live virus vaccine could present a grave danger to the child's 14-week-old sister, as well as her mother, who has an immunodeficiency disease. The mom told *NBC News*, "I don't care if it's a one in 3 million chance. I am not willing to take the chance with my baby." Nevertheless, the state education department barred the child from attending school, and the parents were left with no option but homeschool.

Kentucky Governor Matt Bevin made waves in March when he announced opposition to his state's mandatory varicella vaccine on a WKCT radio show. He sent media into a tailspin for purposely exposing his nine children to chickenpox at a neighbor's house. "They got it ... were miserable for a few days, and they all turned out fine," Bevin said. "This is America and the federal government should not be forcing this [vaccine] upon people."

But his state government certainly is forcing. Chickenpox drama has engulfed a small Catholic high school in Walton, Kentucky, Assumption Academy. After one diagnosed case at its affiliated elementary school located across the street, the academy's unvaccinated students were banned from both schools and all athletic events for three weeks by the Northern Kentucky Health Department (NKHD).



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Unfortunately, the three-week count starts over again each time a child gets sick, regardless of clinical diagnosis. What began in mid-February has extended into late April at last report and could conceivably continue through the school year if more students develop symptoms. As of early April, 33 of the schools' 240 students had been infected. Many other healthy, unimmunized students are prevented from returning, as the school reported to NKHD that only 18 percent of its students are up to date on vaccinations.

At least one of them is fighting back. Instead of finishing his basketball season as starting center in the state championship tournament, 18-year-old senior Jerome Kunkel is now embroiled in a legal battle with the state. "It's not that I'm against all vaccines — just the ones made from aborted fetal cells," he explains. "That's against my religion." (Live virus vaccines are developed in specialized cell cultures so they "forget" how to replicate correctly in normal body cells. Material from chickens, pigs, monkeys, dogs, cows, and even worms and insects can be used. The varicella vaccine is one of several developed using aborted babies.) Kunkel's parents, Bill and Karen, have filed a religious exemption on these grounds every school year.

When they met with NKHD to plead Jerome's case, communicable disease nurse Carolyn Swisshelm minced no words. "We can kick any kid out of that school," Karen recalls her saying. Swisshelm assumes the right to exclude students with medical or religious exemptions during an outbreak, but Kentucky law doesn't provide such boundless power to bureaucrats. Jerome's initial court pleading quotes the state statute on health issues and religious freedom, which prevents government without grave reason from excluding people "motivated by a sincerely held religious belief" from "programs or access to facilities."

Nevertheless, NKHD official Zach Raney pulled out his iron fist, warning the Kunkels: "I have the power to shut your school down," and he did for three days until all non-vaccinated students underwent immunity testing. Jerome's blood test proved he had no infection but no immunity either, so the health department has marked him a pariah, forcing him to start a GoFundMe page to defray court costs defending himself against the NKHD's draconian overreach.

"This isn't stopping chickenpox from spreading," Jerome points out. "All of us [students] are still together. We go to church together, and after Sunday masses we usually get together for a pick-up game of basketball. It's just not logical."

Jerome lost his initial hearing in early April to lift the ban preventing him from returning to classes. The student's lawyer, Chris Wiest, said they plan to appeal, arguing that NKHD's reaction is overly restrictive. He told *The New American*, "I believe this case will be judged by a jury and, I believe, they will view the actions of the health department as retaliatory and discriminatory."

Where We Are Headed

Jerome's uncle, Bernard Kunkel, who works for Governor Bevin, warns of what could be on the horizon. "Children don't belong to their parents anymore. They belong to the state," he told *The New American*. "Before you know it, you'll have to prove you've been vaccinated to get your driver's license renewed. When does it stop?" He points out that neither Canada nor the U.K. have mandatory immunizations, though both share the same scientific knowledge and access to medicines that we have.

We're witnessing government overreaction and overreach on a titanic scale. Diseases such as measles



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and chickenpox do not present catastrophic public health threats, and public welfare certainly does not require compulsory vaccinations for them. Government is cashing in on manufactured hysteria, stripping patients of their right to informed consent, a central mainstay of modern medicine. Parents should be fully informed about the true risks of both virus *and* vaccine, allowing them to make decisions with their doctors for their children, free from government interference.

But there is an unquestionably positive development in the vaccine debate. All the media hype is leading more parents to investigate and realize the government is deceiving them. As public trust in government erodes further than ever, future efforts toward mandatory vaccines will be met with more — and we hope successful — resistance.

Photo credit: Newscom

Correction: As originally published, this article erroneously listed thimerosal as an ingredient in the MMR vaccine.

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