

Freedom of Choice: PW Talks with Louise Kuo Habakus and Mary Holland

Carol White

March 14, 2011

<http://www.publishersweekly.com/pw/by-topic/authors/interviews/article/46465-freedom-of-choice-pw-talks-with-louise-kuo-habakus-and-mary-holland.html>

In *Vaccine Epidemic*, editors Habakus and Holland advocate for an end to government-mandated vaccination.

In places where populations have been vaccinated against polio and smallpox the diseases have virtually disappeared. Isn't that a positive result of general vaccination?

Many developments have occurred since the time when smallpox and polio were rampant. Better nutrition, clean water, modern sanitation, hygiene, improved living and working conditions, and antibiotics have played essential and underappreciated roles in public health. Many infectious diseases were almost gone by the time vaccine mandates began. Some infectious diseases, such as scarlet fever, typhoid, and the bubonic plague, disappeared without vaccines. Vaccines have played a role in decreasing some infectious diseases, but it is not disputed that they have also injured and taken lives.

Antibiotics also have adverse health effects, and there is increasing danger that bacteria are becoming resistant to them. Can a case be made to encourage the development of more vaccines?

Sure it can. A distinction must be made, however, between vaccine development and vaccine mandates. *Vaccine Epidemic* builds the case for vaccination choice as a human right. The book is not anti-vaccine; it supports vaccine development and safety improvements. Many have noted, however, that it is a short distance between vaccine licensure on the one hand, and universal vaccine recommendation and mandate, on the other. Just weeks after licensure of Gardasil [for HPV], for example, it was added to the CDC's schedule of recommended childhood vaccines, and not too long afterwards, there was pending legislation to mandate the vaccine in over 20 states.

But isn't it misleading to compare mandatory vaccination of teenage girls to prevent HPV and cervical cancer, a highly controversial issue, to vaccinations against polio, diphtheria, and the like, since abstention is not an option?

Yes, it is misleading. Not all diseases are the same. Not all children face the same risks. Because of these and other differences, there must be different strategies for prevention. Abstention is an option for the prevention of cervical cancer and hepatitis B because they are spread primarily through intravenous drug use and sexual contact. Pap smears are effective for early detection and treatment of HPV infection. And yet newborn babies and pre-teens routinely receive hepatitis B and HPV vaccinations.

Since it appears from the evidence that side effects are occurring in some cases from the administration of mega doses of combined vaccines to infants, should we focus on establishing programs that will enable parents to opt for single-dose vaccinations spread out over a longer period of time?

An area of great concern regarding current vaccination policy is the one-size-fits-all approach that applies to virtually all children. Vaccination is a serious medical intervention. Unlike other pharmaceutical products, however, vaccines are mandated for healthy children. There is great variability by individual, vaccine, family history and other risk factors. Yes, "mega doses of combined vaccines" appear to be associated with more adverse events than separate vaccines. However, there are many unanswered questions about vaccine safety. The Institute of Medicine reported "many gaps and limitations in knowledge bearing directly and indirectly on the safety of vaccines." Further research is needed to develop screening tools so we may identify with greater precision those who should receive alternative vaccination schedules or avoid vaccines altogether. An ethical society must honor the international human rights standard of free and informed consent for all medical interventions, including vaccination.