Fear is a primal biological response to a perceived threat to our survival. Fear triggers momentary paralysis and then a fight or flight reaction before the brain can rationally analyze and calibrate our response to a perceived threat. ¹

Right now, people around the world are living in fear of being infected or infecting someone else with a new coronavirus that can kill those most vulnerable without warning. Along with confusion and uncertainty, which prolongs fear, many of us are traumatized by the authoritarian measures governments have taken in response to the COVID-19 pandemic that began in China in late 2019.

The “new normal” is disorienting, like we have taken a hit to the gut and then to the head that we didn’t see coming. Maybe that is why so many Americans, who value freedom of speech, religion, assembly, privacy and the right to work, have given those constitutional rights up, without stopping to think through the ramifications of the larger precedent being set.

We are slowly coming out of shock five months after the U.S. Centers for Disease Control declared a public health emergency on January 31, ² which escalated six weeks later into a social distancing lockdown when the World Health Organization declared a COVID-19 pandemic on March 11. ³

Questions About the Lockdown Response to COVID-19 Pandemic

There are lots of questions being asked now about whether the lockdown response to the new coronavirus has matched the threat, questions like:

- Why did the U.S. fail to immediately screen people at sea ports and airports for illness as soon as the outbreak was identified in China and got worse in February so they could be quarantined and tested? ⁴ ⁵ ⁶ ⁷ ⁸

- At the beginning of the pandemic, why were Americans told masks were useless and to stop buying and wearing them, when now we are told we must wear masks? ⁹ ¹⁰ ¹¹ ¹²

- Why were U.S. emergency supply warehouses, which were supposed to be stocked with pandemic preparedness equipment for health care workers, completely empty? ¹³

- Why were residents of nursing homes and other crowded medical facilities not effectively screened and tested to make sure the sick were not being housed with the healthy? ¹⁴ ¹⁵ ¹⁶ ¹⁷

- Why did U.S. public health officials persuade lawmakers to almost immediately lockdown and home quarantine most of our population,¹⁸ instead of using traditional disease control measures that identify, quarantine and treat the sick? ¹⁹ ²⁰ ²¹ ²²

Opening Up Conversation About Science, Health and Liberty in the U.S.

As we let go of fear and return to rational thinking, it is opening up a public conversation about science, health and liberty that is going viral, despite attempts by Big Pharma and Big Tech working with governments and mainstream media to censor it. ²³ ²⁴ ²⁵ ²⁶ ²⁷

In the United States of America, we live in a constitutional republic where democratically elected representatives make laws, and state governments are a check and balance on the authority of the federal government. ²⁸
American values and beliefs, which have influenced the adoption of human rights in international law, are embedded in the 1776 Declaration of Independence and codified in the Bill of Rights of the U.S. Constitution.

Americans value autonomy and individuality. We believe each person is a unique and independent individual with an inalienable right to life and liberty.

We value the human right to freedom of thought, expression and belief; freedom of conscience and association; and respect for privacy—all civil liberties that limit the power of government.

We value equal opportunity for all and mobility within society based on individual initiative and hard work, not on hierarchy, inherited privilege or government permission.

We are a pragmatic and adaptable people who value the use of common sense and practical solutions to problem solve, achieve and succeed.

We are a generous people and believe that voluntarily helping others by donating our money and time is a personal choice motivated by charity, not by communal expectation or a legal requirement.

Above all, we are a self-reliant, optimistic people with an indomitable spirit and faith in our ability to overcome adversity individually and as a nation.

Some of the core values, which have shaped our history and defined who we are as a nation, have been put on trial in 2020 because we are paralyzed by fear of a virus that doctors say could be hiding in the breath of every person who comes near us and contaminate everything we touch. Often described in military and apocalyptic terms as a war for human survival against an “invisible enemy,” the authoritarian lockdown approach by governments to the coronavirus pandemic has been framed as a choice between safety and liberty.

In horror, we watched the coronavirus pandemic unfold in February 2020 with Chinese officials either chasing citizens suspected of being infected with the virus into the streets and dragging them away to quarantine camps, or using hammers, nails and blocks of wood to barricade families into their apartments. Then, after scientists and U.S. public health officials used mathematical models to warn lawmakers to lock down the U.S. or prepare for between 1.7 and 2.2 million Americans to die of COVID-19, we were filled with an uncommon fear and uncertainty that continues to haunt our lives.

The Fear of Entering Public Spaces and Getting Too Close to Each Other

As most states emerge from months of quarantining people in their homes and shuttering businesses, many Americans are still afraid to enter a public space because we are warned over and over again that the invisible enemy will kill us if we don’t stay six feet away from each other at all times, even outdoors. Parents have been urged not to hug their children if a member in their family has been exposed to the virus. In one city, government officials told residents to take photos and report fellow citizens who violate social distancing rules by getting too close to each other outside.

We see fellow Americans be arrested for not wearing masks, or walking on deserted beaches, or for taking their children to empty playgrounds. Small business owners, who are struggling to feed their families, are being sent to jail for re-opening without government permission. Food banks are running out of food because families, who have never stood in a food bank line in their lives, have no other choice.

It doesn’t feel right, but most of us comply with the new rules, afraid to be the one who gets a dirty look or is yelled at or arrested - or worse – if we don’t comply.

COVID-19 Mortality Estimates Far Exceed Reality

Since the World Health Organization (WHO) declared a coronavirus pandemic in March 2020 and CDC officials predicted it could kill 1.7 million Americans, by May 22, there had been 335,000 COVID-19 reported deaths among the world’s seven billion people with about 96,000 of those deaths reported in the U.S. How the death toll would have been affected if global lockdowns had not taken place to try to slow the infection rate and delay population based herd immunity will be debated for years to come.

Although the vast majority of COVID-19 infections are thought to be asymptomatic, data shows the estimated symptomatic infection-mortality rate in America is currently at most 1.3 percent. About 90 percent of people who die are over 65 years old, with the majority of those people suffering with one or more chronic poor health conditions like heart or lung disease, obesity, diabetes and hypertension. More than 80 percent of children who die from COVID-19 also suffer with chronic illness and disabilities like immune suppression, obesity, diabetes, seizures, developmental delays and genetic disorders.
We all hope to live long and productive lives but nobody escapes death and, for some, it comes sooner than expected. The sudden unexpected death of a person for any reason is a tragedy, especially for that person’s family and friends. The deaths of tens of thousands during this pandemic or any pandemic is a tragedy. The feelings of loss and helplessness are magnified when individuals hospitalized with COVID-19 die alone, separated from their families, denied the comfort of taking their last breath in the company of people they love and who love them. 77

Are We Really All in This Together?

Whether the new coronavirus jumped out of an animal in a Chinese live food market 78 or escaped from a biohazard lab, 79 80 whether the virus kills an estimated one to two percent of those symptomatically infected or far less, 81 this year billions of people around the world have followed the advice of the World Health Organization, government health agencies and doctors, who tell us that this “invisible common enemy” must be vanquished using any means possible because, collectively, “we are all in this together.” 82

Public health officials have persuaded lawmakers to divide the American people into two classes: those who are considered “essential” and allowed to continue working and those who are considered “non-essential” and barred from earning a living. 83 84 85 86 Small businesses and services judged to be “non-essential” have been forced to close their doors, including daycares, schools, churches, restaurants, theaters, barber shops and salons, gyms, parks and beaches while, paradoxically, everyone is free to roam through grocery stores, drug stores and big box stores like Walmart, Target and Home Depot owned by big corporations.

The Mass Suffering Generated by Widespread “Sheltering in Place”

Tens of millions of healthy Americans have obeyed orders to “shelter in place” and self-quarantine at home for months, sacrificing their jobs and losing their savings, 87 88 89 destroying one third of the small businesses middle class citizens have worked a lifetime to build, 90 91 while parts of the travel, 92 93 94 95 96 restaurant, 97 retail 98 99 and personal care industries 100 go bankrupt. By the end of May, there were more than 38 million Americans unemployed, representing almost 24 percent of the labor force, and most of them are low hourly wage earners who don’t have savings to pay the rent or buy food while they are out of work. 101 102 103

So the homeless rate in the U.S. is projected to increase by 45 percent this year, with almost one million people homeless by the summer. 104 At the same time, Congress is driving up the national debt in an attempt to delay the complete collapse of our economy by using taxpayer money to pay people to stay away from each other. 105

Fear of a virus has prevented people sick with heart disease, cancer and other health problems from being treated in hospitals that have been told to only treat patients infected with COVID-19. 106 107 Neglected children and battered women have been trapped for months in homes with their abusers, while calls to mental health hotlines from depressed, anxiety-ridden and suicidal children and adults have increased by nearly 900 percent 108 109 110 111 and, in some cities, prison inmates – even those charged with violent crimes – are being released from jail with the justification they should not be exposed to COVID-19. 112 113

With our children locked out of classrooms and the faithful blocked from worshipping in churches, synagogues and mosques, fear has stopped most of us from publicly questioning the premise that the price of safety is liberty. 114 115 116 117 118 119

Few have challenged the mantra repeated over and over again by doctors and politicians in positions of power that this dystopian reality we are now living in will be the “new normal” 120 until we are all tested and everyone is vaccinated when a COVID-19 vaccine is available because then, and only then, will it be “safe” for government to give back at least some of the liberty that has been taken from us. 121 122 123 124 125

What we have allowed to be done in the name of public health has no parallel in American history or human history.

No Lockdowns for Past Epidemics and Pandemics

The world did not lock down during centuries of epidemics of smallpox, which was a highly contagious virus and had a case fatality rate of 30 percent. 126 Americans did not stop working to prevent epidemics of diphtheria when that contagious disease swept through communities in the 19th and early 20th centuries, with a mortality rate of between 5 and 10 percent that was even higher for children. 127 Societies have not closed businesses and schools to prevent tuberculosis, a contagious disease that spreads the same way as coronavirus and has a case fatality rate still between 20 and 70 percent. 128 129

In 1918, state Governors did not order healthy people to shelter in place and put tens of millions of Americans out of work during the Spanish Flu Pandemic, when that highly contagious H1N1 influenza virus had a case fatality rate of more than 2.5 percent. 130
So why are the majority of people in educated societies like the U.S. cowering in fear before a virus that does not cause any symptoms or complications in the majority of children and adults under the age of 65, and has a mortality rate of about one percent, which is even lower if all the asymptomatic infections are counted? In America, why are we allowing fear to erode cultural values and beliefs that have sustained and defined who we are as a nation for 245 years?

1982: The Challenge to Vaccine Science, Policy, Law and Ethics

The profound ramifications of what is happening this year in the name of public health and the slippery slope that has been created is expanding the conversation about science, health and liberty that has been going on for several centuries in academic, philosophical and political circles, but didn’t go public in post-World War II America until 1982, when parents of vaccine injured children challenged the science, policy, law and ethics of mandatory vaccination, the most revered of all medical interventions in the history of public health programs.

Mothers and fathers, whose children died or were brain injured in the 1970s and 80s by the crude whole cell pertussis vaccine in DPT, had simple goals: we wanted safer vaccines, more and better quality scientific research to identify those children at high risk for being harmed by vaccination, and the inclusion of informed consent protections in public health policies and laws. At first, defensive vaccine manufacturers, public health officials and pediatricians met our request for safer vaccines and better science with anger and dismissal. Before Congress passed the 1986 National Childhood Vaccine Injury Act giving vaccine makers a partial liability shield but also acknowledging that vaccine safety should be a national priority, we were patronized. Then, when we refused to go away, we were demonized.

Today, any person who talks about their or their child’s vaccine reaction or criticizes one-size-fits-all vaccine policies is called ignorant. Any person who points out how low vaccine licensing standards are or how big the long standing gaps in vaccine safety research are, is accused of being a science denier and slapped with the “anti-vaxxer” label.

If you question the orders of doctors, who believe it is moral to enforce “no exceptions” vaccine laws that sacrifice vaccine vulnerable children in the name of the greater good, you are called “selfish” for defending the ethical principle of informed consent and refusing to offer up your child’s health for herd immunity. If you protest against vaccine policies that deny people an education, medical care and employment based on their vaccination status, you are called a danger to society.

If you criticize information disseminated by the CDC and World Health Organization, you are branded a threat to global health and can be censored on the Internet or far worse.

Strategies Creating a “New Normal” During the COVID-19 Pandemic

Does this sound familiar? It should, because it is the same rhetoric and political tactics being used during this COVID-19 pandemic to keep the people fearful and compliant.

It is the same strategy that will be used to label you a selfish threat to the public health if you don’t agree to be electronically tagged, tested and tracked by health officials when thousands of COVID-19 “contact tracers” fan out across America to test for COVID-19 infections. It is the same strategy that will be used when you are told you must get an antibody test and obtain an “immunity passport” before you are given back your freedom to participate in society - that is until a fast tracked coronavirus vaccine is licensed and your passport to life and liberty becomes proof you have received a COVID-19 vaccine – perhaps simultaneously delivered and tracked via a microneedle quantum dot tattoo on your skin.

Will a positive antibody test be accurate or does it even matter? Every day, we hear scientists and public health officials arguing about whether or not naturally acquired coronavirus immunity means anything at all, while promoting the idea that a COVID-19 vaccine is the only thing that will give us immunity and save us all.

Tomorrow, the “new normal” in America may well include the order to “Show me your vaccine papers” before you can enter a store or restaurant, go to school, attend a football game, get on a plane, train or subway, obtain a driver’s license, be admitted to a hospital or nursing home, get a room at a hotel or walk on a public beach, if health policy and lawmakers do not use common sense to adopt a more balanced approach to dealing with a virus that, so far, has changed everything.

There is no oversight on the decisions we allow scientists and doctors with big titles and even bigger salaries to make for us, decisions that can affect the biological integrity of each one of us and profoundly impact the way we live our lives.
Yet, science is not perfect, doctors are not infallible, and the risks of having a complication to an infectious disease or a vaccine can be higher or lower depending upon the genes and epigenetic history we inherit, the environments we live in, and the life choices we make. [184] [185] [186] [187]

Health of a Society Defined by Absence of Chronic Disease and Disability

The health of a society is not solely measured by the absence of infectious disease but, more importantly, by the absence of chronic disease that destroys quality of life and lowers a nation’s life expectancy because it often leads to premature death.

In America every year, heart disease kills 647,000 people; lung disease kills 160,000; uncontrolled hypertension and stroke kills 146,000, and diabetes kills 83,000 people, [188] while millions more suffer cancer [189] and other types of immune and brain disorders. [190] America has the worst life expectancy, [191] the worst infant mortality [192] and maternal mortality [193] rates and the highest prevalence of chronic illness and disability [194] of all developed nations in the world, even though we have one of the most highly vaccinated populations in the world, with over 94 percent of school children having received dozens of doses of vaccines for the past three decades. [195] [196] [197] [198]

Today, only four adults in 10 are considered healthy, while over 50 percent have one chronic disease and 30 percent suffer with two or more. [199] An astonishing 25 percent of all children have a chronic poor health condition [200] like asthma, epilepsy, food allergies, obesity, inflammatory bowel disease and other autoimmune disorders, developmental delays, autism, anxiety and depression, and diabetes. [201]

In fact, chronic disease marked by unresolved inflammation in the body [202] is the Number One cause of death and disability in America and is responsible for most of the annual $3.5 trillion dollars spent on health care. [203] It is an epidemic that is crippling and killing far more people than COVID-19 or any other pandemic in our history.

U.S. public health officials have no explanation for why the majority of Americans are sick, except to blame the people for making themselves sick by smoking and drinking too much, eating junk food and not getting enough exercise or sleep. [204]

COVID-19 Mortality in U.S. Impacted by Multiple Failures

Whether or not you buy that explanation, the fact that over 160 million people in our population are afflicted with chronic poor health may be at least one reason why there have been more COVID-19 related deaths reported in the U.S. than any other country. That, along with the fact that on March 24, the CDC told doctors and coroners to list COVID-19 as the official cause of death for a person, even if that person had one or more chronic health conditions or had never been tested for COVID-19. [205]

Mortality from COVID-19 in the U.S. has also been impacted by the systematic neglect of well-funded federal health agencies like the CDC and BARDA. [206] [207] The government was caught totally unprepared for an influenza-like pandemic, despite Congress and three Administrations appropriating billions of dollars to federal health agencies since 2006 to prepare for a pandemic just like this one. [208] Instead, warehouses were left empty without emergency supplies of masks, gowns and gloves for health care workers [209] and without diagnostic tests, equipment and therapeutic agents to help patients survive complications associated with an epidemic of a viral respiratory disease like coronavirus. [210]

That is because federal health agencies, which have forged public-private business partnerships with the pharmaceutical industry, [211] have given most of the money Congress handed them for pandemic planning to drug companies to build new vaccine manufacturing plants and produce more vaccines for the national stockpile. [212] [213] As the World Health Organization, the CDC, businessman Bill Gates and NIH’s Dr. Anthony Fauci keep telling us, using lots of vaccines is the best way to stay healthy and fast tracking a COVID-19 vaccine to market is the only way the world will ever be a safe place to live again [214] [215] [216]

Corporations, Governments Cut Corners in Race to Develop COVID-19 Vaccines

So global pharmaceutical and biotech companies are now developing over 100 experimental COVID-19 vaccines, with a handful leading the race after being given billions of dollars in funding from the U.S. government, the Gates Foundation and other organizations. [217] [218] Some of these coronavirus vaccines being created by scientists will use as yet unlicensed DNA, messenger RNA and nanoparticle technology, oil based adjuvants and electricity, to genetically manipulate and hyperstimulate strong inflammatory immune responses in the body. [219] [220]

Some companies are skipping animal trials, [221] which are an important part of the vaccine licensing process to answer questions about whether COVID-19 vaccines could cause neurological reactions or more severe coronavirus infections in vaccinated animals or fail to work at all. These are only a few of the short and long term problems that could have devastating consequences for humans being vaccinated.
Some companies are cutting corners by conducting Phase 1, 2 and 3 trials simultaneously, but will they investigate whether half of US adults and a quarter of children suffering with chronic illness are at increased risk for adverse responses to the new COVID-19 vaccines before they are licensed and mandated?

Other vaccine manufacturers want the green light to deliberately infect human clinical trial subjects with COVID-19 to see how well an experimental vaccine works. Enthusiastic “bioethicists” are jumping on board to help advance this type of “new normal” in vaccine research, but parents of vaccine injured children are logically asking why it is ethical to intentionally infect humans with a new virus in a clinical trial when for decades public health officials have insisted that it is absolutely unethical to conduct a prospective clinical trial comparing health outcomes of vaccinated and unvaccinated children to determine whether vaccines are harming far more than “one in a million.”

So, while we are being ordered to obey new rules that require us to give up our constitutional and human rights, drug companies and government health officials are violating old rules that govern ethics and the scientific method for proving that vaccines are safe and effective.

**Jacobson v. Massachusetts: A Utilitarian Ruling by SCOTUS with Tragic Consequences**

Science is not perfect, doctors are not infallible, and vaccines carry risks that can be greater for some than others, which is why voluntary vaccination should have been unanimously upheld in the 1905 U.S. Supreme Court ruling in *Jacobson v. Massachusetts.* Instead, the majority sitting on that high court more than a century ago viewed the notoriously reactive smallpox vaccine as a sacred cow and medical doctors as infallible so they could affirm the constitutional authority of state legislatures to mandate smallpox vaccinations during outbreaks. The Court said:

“The matured opinions of medical men everywhere, and the experience of mankind, as all must know, negative the suggestion that it is not possible in any case to determine whether vaccination is safe.”

Using bad logic and bad science while leaning heavily on the pseudo-ethnic of utilitarianism, state governments were given the green light to legally require vaccination based on a “common belief” that vaccination is safe and effective, rather than proven fact. Piously waving the greater good flag to justify throwing civil liberties out the door, the Court majority ruled that citizens do not have a legal right to be free at all times because there are “manifold restraints to which every person is necessarily subjected for the common good.”

The Court said that state legislatures can exercise police power to restrict or eliminate civil liberties, including freedom of religion, during public health emergencies in order to “secure the general comfort, health and prosperity of the state.”

But the justices also warned that mandatory vaccination laws should not be forced on a person whose physical condition would make vaccination “cruel and inhuman to the last degree.” They said:

“We are not to be understood as holding that the statute was intended to be applied in such a case or, if it was so intended, that the judiciary would not be competent to interfere and protect the health and life of the individual concerned. ‘All laws,’ this Court has said, ‘should receive a sensible construction.’”

One academic activist attorney has said that the 1905 *Jacobson* ruling “is often regarded as the most important judicial decision in public health.” That is not an overstatement because, in 1927, Supreme Court Justice Oliver Wendall Holmes used it to issue a eugenics ruling in *Buck v. Bell* that affirmed the constitutional authority of Virginia to forcibly sterilize a young woman mistakenly judged by state officials to be mentally retarded.

Justice Holmes declared, “The principle that sustains compulsory vaccination is broad enough to cover cutting the fallopian tubes,” leading the way for mass sterilization of tens of thousands of Americans that doctors and
government officials judged to be genetically defective, or morally unfit or otherwise a threat to the public health during the 1920s and 30s. 229

This is the tragic legacy of Jacobson v. Massachusetts, 230 an immoral utilitarian ruling that public health officials cling to in order to justify legally requiring people to use vaccines that carry a risk of injury or death and applying societal punishments for refusing to do it. 231 232

**State Legislators Primarily Make Most Public Health Laws**

During this time of fear and confusion, the Jacobson ruling also reminds us that it is democratically elected representatives in state legislatures who make public health laws governing people living in different states. That is because what is not defined in the US Constitution as a federal activity is reserved for the states, which is an important check on federal government power. Elected lawmakers in your state can choose to mandate a few or many vaccines with or without exemptions, while the federal government has the authority to mandate vaccinations for people entering the U.S. or crossing state borders. 233

It was this understanding that prompted NVIC in 2010 to launch our free online Advocacy Portal at NVICAdvocacy.org that monitors proposed vaccine-related legislation and helps Americans educate lawmakers so flexible medical, religious and conscience vaccine exemptions can be secured and protected in public health laws. Despite aggressive lobbying efforts by vaccine manufacturers, public health officials and medical trade groups, until 2020, vaccine exemptions and informed consent rights have been successfully defended in multiple states over past decade, even though California, New York and several other states have taken those rights away. 234

Now, it looks like voluntary vaccination will be on the line in every state as the Vaccine Culture War, 235 which is the tip of the spear in a much larger culture war about values and beliefs going on in this and many other countries in the 21st century, is brought home to every person and every community in America.

**Contact Your Legislators Now and Vote in November**

You have an opportunity, right now, to contact your elected representatives and let them know how you feel about protecting civil liberties and vaccine informed consent rights in your state. Sign up to use NVIC's Advocacy Portal to defend voluntary vaccine choices.

And when you go to the polls on November 4, 2020, think hard about who you are voting for and why. If you don’t like the response to the COVID-19 pandemic that your Governor or other elected representatives have made, your vote in this and every election beyond this one could affect whether America will continue to value liberty or throw it away.

Because if the state can tag, track down and force individuals to be injected with biologicals of known and unknown toxicity today, then there will be no limit on which individual freedoms the state can take away in the name of the greater good tomorrow.

Be the one who never has to say you did not do today what you could have done to change tomorrow.

It’s your health, your family, your choice, and our mission continues:

No forced vaccination. Not in America.

*Note: This commentary provides referenced information and perspective on a topic related to vaccine science, policy, law or ethics being discussed in public forums and by U.S. lawmakers. The websites of the U.S. Department of Health and Human Services (DHHS) provide information and perspective of federal agencies responsible for vaccine research, development, regulation and policymaking.*

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