

FAMILY ADVOCACY TOOLKIT



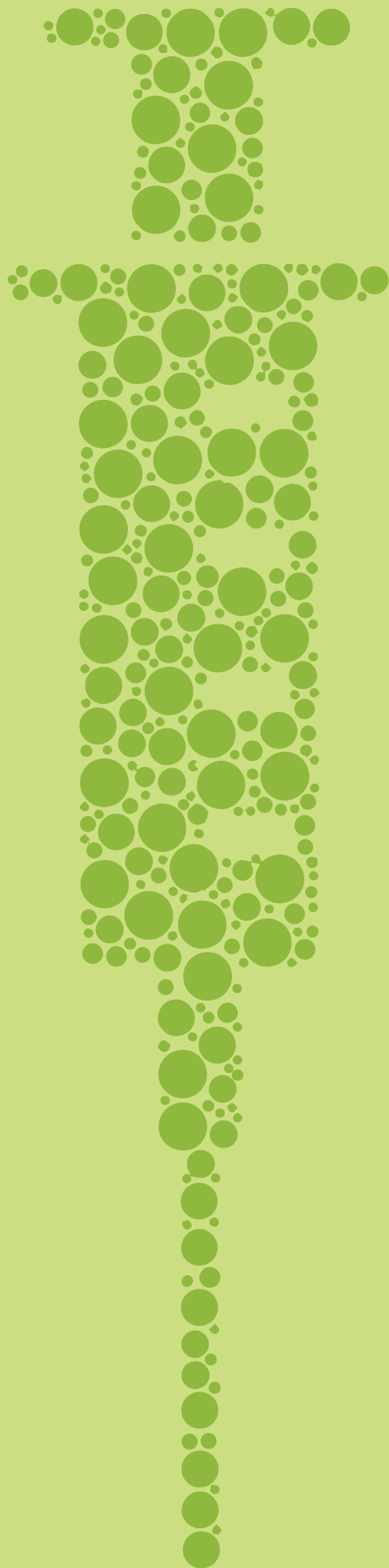


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Introduction: Why this matters



In the Fall of 1953 fraternal twins, Janice and Frankie, were first graders. Just before Halloween, Frankie stayed home from school with a bit of a head cold – nothing serious. But within a couple of days, Frankie was having trouble breathing and was rushed to the hospital. From there it was a whirlwind of terrifying events – a spinal tap, a heartbreaking diagnosis, and then an iron lung. The claustrophobic feeling of being caged in an 84-inch tube and being paralyzed, unable to breathe, must have been terrifying for the seven-year-old. Frankie's terror would be short-lived because he would never leave the iron lung. Sixty-one hours after admission to the hospital, Frankie died from polio. The evening of Frankie's burial, Janice was also diagnosed with polio. She survived but had to learn to walk again.

The heartbreaking epilogue to this story is that six months after Frankie's death, the first polio vaccine trial would take place. Only 17 months after Frankie's death, the polio vaccine was available in the U.S. While it saved millions of lives, it came too late for Frankie's family.

Frankie's twin, Janice, now a wife, mother, grandmother, and polio survivor, still misses her brother. We've had a safe and effective vaccine to prevent polio for almost 70 years, and we are on the brink of eradicating polio from the face of the earth due to vaccines. Yet, Janice feels she cannot celebrate, "As more and more parents question the necessity and safety of vaccinations (primarily because of inaccurate information that has flooded the air-



waves and the Internet), I must confess that I am worried.”¹

Most of us have never seen polio and frankly don't really worry about it. This is the double-edged sword of vaccines; they work so well that people forget vaccine-preventable diseases are dangerous and still a threat. We could replace Janice's story with one about meningitis, whooping cough, measles, and any of the other 27 vaccine-preventable diseases. The common denominator is that these diseases still threaten our children.

And this is why we all need to be active advocates for vaccines. Because these dangerous diseases didn't go away. Vaccines keep them away. If we stop vaccinating, they will come back. That's not speculation – that is a certainty.

And the way we keep them away is to be vocal vaccine champions. To help those we love get the information they need to be confident about vaccines. And to quash dangerous misinformation so it can't harm those we love.

That's what this toolkit does: provides you with the facts and tools to start these conversations with confidence. And to help others have them too. We have long taken vaccines for granted. If we do not start being vocal about our support for them, the diseases vaccines prevent will again begin to rob children like Frankie Flood of a future. We know keeping a child safe starts with parents but includes all of us. So that's why we're focused on families. Because whether you're a mom, a grandparent, auntie, family friend – we all have a role and a job to do in keeping the children we love safe!

¹ Based on Janice Flood Nichols' story told to the Children's Hospital of Philadelphia. Watch Janice tell her story: [I Am a Polio Survivor](#) The Vaccine Makers Project



A healthy respect for VPDs and a hero's welcome for vaccines

Too frequently we hear dangerous disinformation like the diseases that vaccines prevent aren't that serious. So we think it's to take a moment to provide some numbers to disabuse people of this dangerous myth.

Here are the facts:

- Vaccines prevent 4-5 million deaths every year! That means that vaccines save a population equivalent to all of Los Angeles. EVERY. YEAR. (source: WHO)
- Vaccines helped reduce measles deaths worldwide by 78% in just 8 years (2000-2008). (source: Vaccines.gov)
- Rotavirus and pneumonia kill almost 1.2 million children under 5 every year. Most of these deaths could be prevented if certain vaccines were available to all children. (UNICEF)
- 1 woman dies every 2 minutes from cervical cancer, yet we have a vaccine that prevents it. (Source GAVI)
- Rubella is the leading vaccine-preventable cause of birth defects. Every year 100,000 children are born with severe birth defects that could have been prevented by the rubella vaccine. (Source: PLOS ONE 2016)



"Are you feeling all right," I asked her.

"I feel sleepy," she said.

An hour later she was unconscious. Twelve hours later she was dead.

Roald Dahl, author of Charlie and the Chocolate Factory and James and the Giant Peach, on the last conversation he had with his daughter Olivia who died at 7 from measles.



History: A short but spectacular history of vaccines

Vaccines are so commonplace today that we sometimes forget the awesomeness that is immunization. Fear not, we are going to give you the lowdown on the history of vaccines.

Most of us think about vaccines as a 20th Century science but it's been around for thousands of years. Did you know that variolation was recorded as early as the 11th Century in China. The Egyptians were using variolation to protect people by the 13th Century and West and North Africa started using variolation in the 17th Century.

More than 100 years of science

Immunization, as we know it, is more than 100 years old. Louis Pastuer, the grandfather of microbiology, also created the very first lab-produced vaccine - in 1879! It was a vaccine to prevent a disease called chicken cholera.

But it was Edward Jenner who really advanced how we thought about vaccines. Jenner realized that exposure to cowpox (a virus similar smallpox but not serious) could protect someone from getting smallpox. During Jenner's time smallpox killed 10-20% of the population.



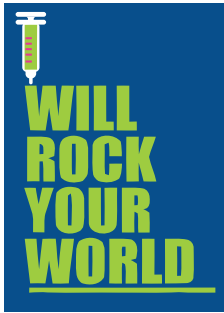
GROSS
but **TRUE**

Variolation used a small-pox scab from an infected person to help protect others from smallpox.

This was the earliest form of immunization.

Thankfully, immunization has evolved. Today's vaccines are much safer and more effective than variolation.

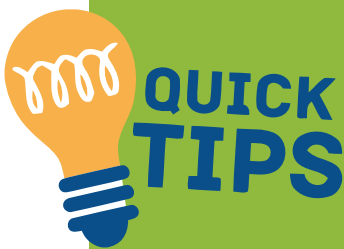




Successes that rocked our world!

Almost 150 years after Jenner's discovery, vaccines have changed the world as we know it including:

- **Eradicating smallpox from the face of the earth.**
Smallpox was killing people as early as 1100 BC and remained a frightening and deadly disease for more than 3,000 years. In just the 77 years before it was eradicated, smallpox killed an estimated 300 million people. Thanks to the smallpox vaccine, smallpox is no longer a threat!
- **Decreasing the number of children who die before their 5th birthday.**
In 2015 researchers looked at 149 national level health surveys that included 1 million children from 62 countries to see if vaccines reduced childhood death. What they found is one of the strongest cases for vaccines: when the children in a community are fully vaccinated, that community has a 24% decrease in deaths in children under 5 years old.
- **Preventing deadly diseases, EVEN cancer!**
We often talk about the advances that medicine has made in treating cancer but what about preventing it altogether? Did you know that there are vaccines that do just that? The HPV vaccine targets high-risk human papillomavirus strains that are responsible for almost all cervical cancers and linked to some throat, anal, and other cancers. Hepatitis B vaccines help prevent infections that lead to liver cancer.



Some parents are reluctant to give their child a vaccine for a sexually transmitted infection so young. But the vaccine works best when given before someone is sexually active, specifically between 11 - 13 years old.



Vaccine Overview: Development & Safety

Many people have questions about how vaccines are developed. This more and more true as emergency vaccines come on the market. Here's what you need to know about vaccine development.

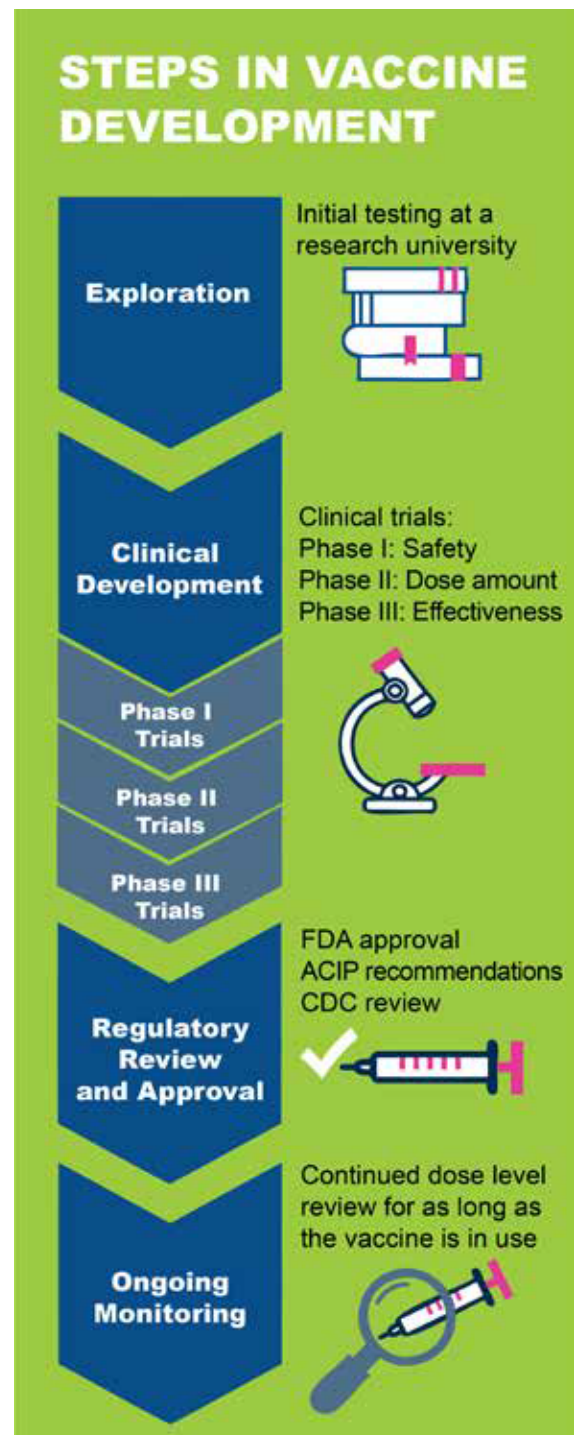
Vaccine Development

Vaccine development is a closely monitored and rigorous process. All vaccines, even accelerated vaccines, must adhere to all the safety and ethical protocols. Important things to know about vaccine development:

- Vaccines have been studied for more than 100 years.
- Vaccine development is NOT started from scratch – it builds on a strong foundation of what is already known to work and be safe
- Scientists understand short and long term side effects because:
- 99.99% of short-term side effects found in several weeks of vaccination
- Most long term side effects are found in ~45 days of vaccination

Lorem ipsum

Vaccines are literally the most researched and monitored health interventions in medicine. You can be confident in their effectiveness in preventing dangerous diseases AND their safety.



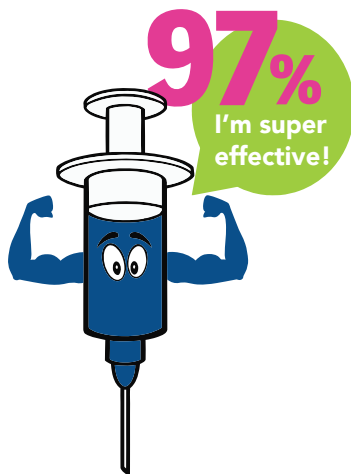
Vaccine Effectiveness

Vaccines have single handedly saved billions of lives. Need proof? Consider measles, one of the most contagious disease on earth.

- Measles is so contagious that if one person with measles is in a room with 10 unvaccinated people, 9 of them will get sick.
- Before the vaccine, in the US alone, there were between 3 and 4 million cases of measles each year.
- In 2019, there were over 200,000 deaths from measles worldwide in areas with low vaccine rates.

Did you know...

Vaccines prevented at least 10 million deaths between 2010 and 2015 and save about 42,000 lives in the U.S. every year.



The good news?

The measles vaccine works! When children get both doses of the measles vaccine 97% of them will not get measles.

The bad news?

The U.S. actually eliminated measles in 2000 but because of vaccine hesitancy, cases have been increasing year by year. During the US 2018-19 measles outbreak, there were over 1,200 cases across 31 states. Most cases were in people who were not vaccinated.

Measles is not the only disease that can be brought under control by vaccines. It was a vaccine that finally brought the 2014-15 West African Ebola outbreak under control. For as frightening as Ebola was, just five years later COVID-19 made the world stand still. As of August 2021, 203 million people in the world have gotten COVID-19 – but vaccines are on the scene and as more people get vaccinated, fewer are dying from COVID.



Vaccine Safety

Vaccines are some of the most researched medical interventions on earth. We have been researching vaccines for more than 100 years. And billions of children have been safely protected from serious diseases in that 100 years.

By the time a vaccine is approved and is at your doctor or pharmacy it has gone through a rigorous process to make sure it works and is safe. This process can take years and thousands of hours of scientific study. It includes:



Clinical Trial Data: There are usually thousands of people enrolled in clinical trials so there is a LOT of data focused on safety. For instance, Pfizer enrolled 43,661 people in its COVID-19 vaccine clinical trial.



FDA Review and Licensure / Emergency Use Authorization: If a vaccine is found to be safe and effective during the clinical development phase, it is reviewed by the Food and Drug Administration (FDA) for use in the general public. The FDA will only approve a vaccine if it is safe, effective, and the benefits outweigh any risks. Almost every country in the world has an equivalent to the United State's FDA, which means vaccine data are reviewed by dozens of regulatory bodies around the world for safety and effectiveness.



ACIP Review and Guidance: Once a vaccine is licensed and approved for use, the Advisory Committee on Immunization Practices (ACIP) reviews all the data and provides guidance on how a vaccine should be used.



Types of family advocacy

Before diving into the types of family advocacy, let's define what we mean by family advocacy. We think of family advocacy as human-to-human, personal engagement. It's not abstract, statistics-driven data but real voices with real stories working to help real people make the best choices to keep our children safe. You don't need to be a vaccine expert (we have scientists and public health professionals for that). You just need to be part of a family and want the best for all families.

When thinking about advocating for vaccines, remember that there are a lot of ways to do it. So if one doesn't seem like your cup of tea, you can still be an effective advocate another way. The four main types of family-based advocacy are:

- Peer-to-Peer
- Community-Based
- Online
- Legislator Education

Let's take a brief look at how to make each work for you.

Peer-to-Peer

This is probably the most common form of advocacy. It's essentially just a conversation between two people. That is as easy--and as difficult--as it sounds. It's easy because we talk with each other all the time. And hard because conversations with people who are hesitant about vaccines can be tricky. But Peer-to-Peer advocacy is crucial because it provides a trustworthy place for people with questions about vaccines to talk about them with someone they trust.



But some helpful hints can make these conversations much easier and much more effective. Some things to remember...

- **Don't let the perfect be the enemy of the good.** Yes, you are going to make mistakes. You might be frustrated or worried you've misstepped. It's okay! As long as you are honest and kind, you'll do fine.
- **What you think of as “convincing” can seem like “coercion” to the other person.** So tread lightly. Listen carefully, Assure people you are not trying to make their decisions for them but are trying to give them accurate information to help them make their own decisions.
- **Encourage questions!** Many people feel like they are not “allowed” to ask questions because “the science is settled.” And while the science *is* settled about vaccines, it doesn't mean we can ask questions to better understand it.
- **Behaviors change attitudes faster than attitudes change behaviors.** People make unconscious decisions to trust us (or not) based on how we say something, more than what we say. So be a role model for trustworthy behavior. Listen – no seriously, really listen. You're having a conversation, not giving a speech. Be informed and supportive. Be an ally.
- **It's a journey, not a destination.** Not every vaccine-hesitant person is a refuser – in fact, most are not. They have questions that need answers and that can take time. Conversations about vaccines are not a “one and done.” It takes time, so be patient, have realistic expectations, and don't push too hard.



How to frame the conversation

When talking with a vaccine-hesitant person, here's our "**4-A Approach**." This approach helps families feel respected and heard, and empowers them to make positive health decisions. Four steps. Easy to remember. Winner winner, chicken dinner!

Here it is:



ASK:

"What is your main concern?"

Encourage the patient to be specific and name their hesitancy. "What is the thing that concerns you most...can you tell me more about it?"



ACKNOWLEDGE:

Recognize that the person you're talking to already knows. "It's clear you've really looked into this."



AFFIRM:

Make sure people know that it's ok to have questions. "That's a great question, I heard that too so I looked into it."



ANSWER:

Get permission to share some facts. "Can I share with you the facts..." OR "Can I get you some credible sources so your research helps you make an informed decision."



Community-based

Community-based advocacy is a great type of advocacy for people who are natural networkers and are involved in, or want to be better connected to, their community.

While Peer-to-Peer advocacy is about that personal connection, community-based advocacy is about creating and reinforcing social norms. Community-based advocacy normalizes vaccination by ensuring it is positively presented in all aspects of a community. And it importantly ensures that the majority of us (because most of us do support vaccination) have the loudest voices.

So how to be effective at Community-based advocacy?
Here are some great activities:

- Ensure your library has credible vaccine books. Work with your library to create a vaccine highlight table
- Work with your school and PTA on vaccine education
- Ask community groups to host vaccine-related events, flu shot clinics, or vaccine materials on site. Some good partners may be:
 - 4H: This is a natural partner because vaccination is very important in animal husbandry
 - Faith-based organizations: Another natural because most faith leaders believe spiritual and physical health are tied together. And protecting their congregants is part of their job.
 - Rotary
 - Parent groups or neighborhood organizations
- Write an OpEd for your local paper
- Volunteer with your state or local immunization coalition
- Coordinate an “ask the expert” table during back to school nights
- Ask local employers about a health and wellness day or flu vaccination clinic for their employees

Engaging community partners

Most community partners are willing to support activities that will benefit the community at large.

Ask for things that are easy to say yes to:

- A Girl Scout Science Badge that focuses on vaccination
- A talk with 4H clubs that draw parallels between keeping herds and humans healthy through vaccination
- Messages in bulletins and newsletters of places of worship on the importance of the flu shot.



Online

Social media. Ugh. Unfortunately, this is where a lot of the “conversations” happen. They can be challenging and frustrating because sometimes all the rules around polite discourse seem to go down the tubes. But there are things you can do.

- Join pro-vax groups to be informed about the facts as well as connect with other like-minded people
- Post pro-vax memes/graphics
- Promote online education opportunities
- Report misinformation

Some things to remember about online engagement.

- Don't escalate: Be polite and don't pick fights. But at the same time, if someone crosses a line, politely but firmly call out bad behavior – whether it's trolling or bullying.
- Don't fall down the rabbit hole: Some anti-vaxxers will continue to try to engage you with no intention of having meaningful dialogue. Don't. If someone is so far down the anti-vax rabbit hole, you're not going to change their mind, especially online. Politely bow out.

Legislator Education

Learn to be compelling storytellers! Being a storyteller involves both art and science. And we've all seen the difference between a great storyteller and a mediocre presenter. Look in the VoicesForVaccines.org resources section for some great storytelling tools and trainings, and resources.

Our resource section also has some tools to help you write letters to your legislators and local news outlets.



The role of storytelling in advocacy

Show don't tell!

Storytelling is critically important in talking with people about things like vaccines. That's for a number of reasons:

- Most of us are not scientists so we don't connect with the data. In fact, sometimes the data can be confusing or even scary
- We are emotional beings - our decision-making is based on the heart and the head. We need stories to help our emotional decision-making process
- It helps people relate. It's personal. It's real. It's not a bunch of numbers
- Frankly, it's just more interesting

Storytelling best practices

- Tailor it to your audience: what will resonate most with them
- Identify the purpose of the story: what is the message you want to get across
- Describe what happened instead of explaining the main lesson
- Keep it short and focused
- Make it personal: use your own experiences
- Use emotion and empathy
- Don't be the hero of the story ("and then I saved the day...")
- Practice!





Common social media “debate” tactics

It's important to correct false information, whether it's in a conversation or online. But with social media, the effort can feel daunting because anti-vaxxers use a variety of tactics to frustrate you so they can have the last word. Here are some common social media “debate” tactics and how to address them:

- **Appeal to emotion:** Emotions can often be seen in a logical argument, but often we will see arguments without logic trying to overcome this weakness by making people feel fear, hatred, or revulsion.

Acknowledge the emotion but circle back to the facts: I understand that hearing such things is frightening. We need to make sure we rely on facts, not emotions. Here are the facts.

- **Special pleading (moving the goalposts):** What does a person do when their claim is proven wrong? They claim that their actual claim was different or that there is a special exception for their claim. The goals will keep moving as you prove the other person incorrect.

I noticed that you have changed the topic. Before we move on, can we please come to some sort of agreement about the earlier topic?

- **Burden of proof:** Here, a person making a claim will ask you to prove them wrong. But that's not how it works. If you make the claim, then you'd better bring the proof.

I know it is frustrating to be doubted, but if you make this claim, you should expect that you will need to provide the facts to support your claim. Please provide your evidence.

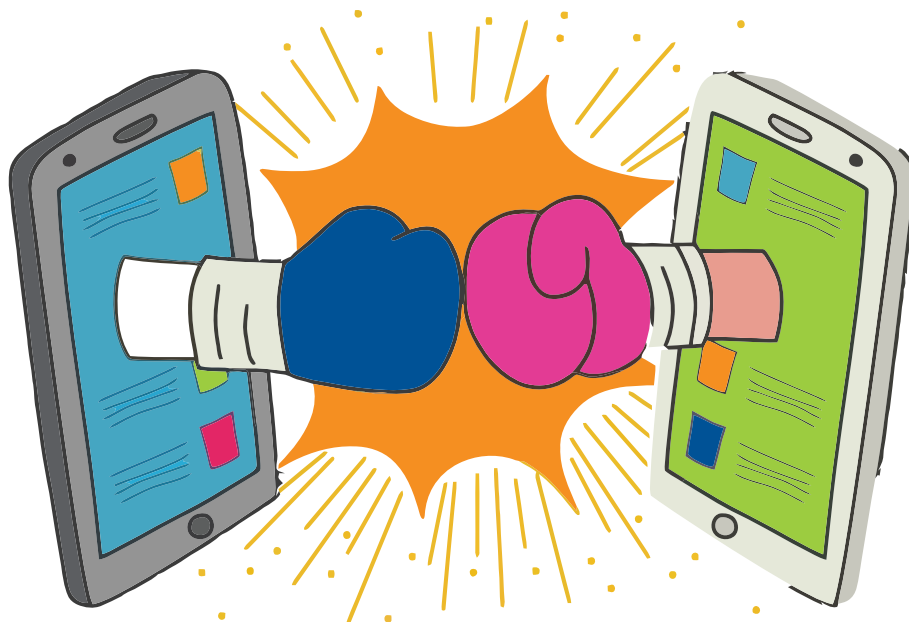


- **Black-or-white thinking:** In this world of thinking, there are only two options. However, truth has many shades. So just because vaccines are not 100% safe, 100% of the time does not mean they are 0% safe.

Use common activities to help people better understand risk. "It's true, vaccines are not 100% safe, but nothing is. You are more likely to choke to death eating than suffer a serious adverse event from a vaccine. Yet we all still eat. We need to understand the real risk of things to be able to make informed decisions."

- **Anecdotal argument:** An anecdotal argument is really a study with only one test subject and no peer review. The stories people tell need to be supported by what we know about science, or they should likely be dismissed.

I appreciate this story is emotional, but we need to rely on facts when making decisions. In this case, the facts do not support that this story could have happened the way it has been told. Here are the facts.



- **Texas sharpshooter (cherry-picking):** This logical fallacy starts with a conclusion and then picks the evidence to try to support it. In science, we look at all the findings and base our conclusions on them. We don't come up with a conclusion and try to find "evidence" that supports it.

I noticed that some of your evidence supports your beliefs, but when we look at evidence, we need to consider all of the evidence, not just the pieces we think support our beliefs. When experts look at all the studies and take into account their strengths and weaknesses, their conclusion is very different.

- **In-group bias:** People are often biased toward those they see as part of their group. Accepting arguments from our in-group, without critically evaluating, can lead to incorrect thinking.

It's true that the strongest predictor of whether or not we vaccinate is the number of people around us who vaccinate. I put my trust in experts who, instead, rely on facts and evidence. Here are their conclusions on this topic.

- **Belief bias:** This bias begins with what you already believe and accepts anything that supports that belief without taking a good, critical look at the evidence.

Can I ask you to do a thought experiment? If you were arguing the opposite point of view, what would you say to someone?



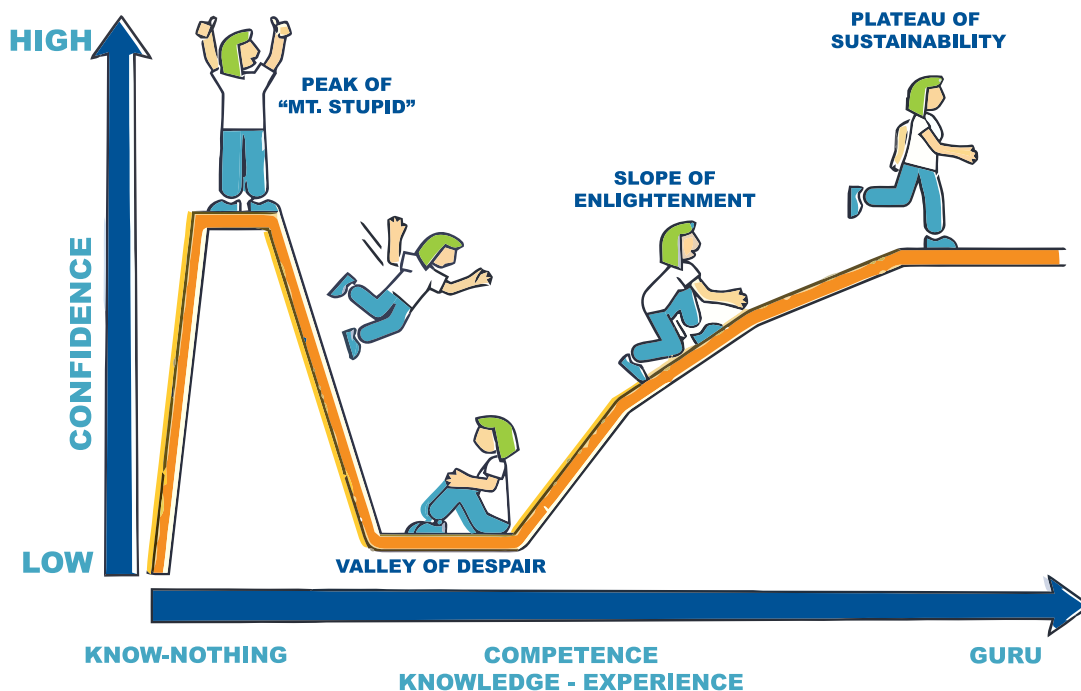
- **Backfire effect:** Often, when people are shown evidence that their deeply held beliefs are incorrect, rather than accepting the new evidence, they hold onto their old beliefs even harder. Because of this bias, it's best to try to help people reach correct conclusions on their own.

I see that you have done a lot of searching on this topic, and I agree with you on this point. How do you think scientists go from that point to supporting vaccination in this case?

- **The Dunning-Kruger effect:** The more you know, the more you know you don't know as much as you thought you knew. In other words, people who know very little often are far more confident in their knowledge than they should be.

I respect that you have done a lot of reading in this area. Can you respect that the experts have done considerably more study and research and I trust their statements over yours?

DUNNING KRUGER EFFECT



- **Gish Gallop:** In this argument, someone will throw everything and the kitchen sink and the neighbor's sink at you. It's a list of arguments so long that you would have no way of addressing them all. So don't. Ask the person to focus on one argument and discuss that.

I see that you have laid out more points that I could reasonably answer at this time. What is your one biggest concern that you'd like to discuss with me?

- **False Balance:** This fallacy gives equal weight to the opinions of experts and complete amateurs. Most often seen in journalism, it gives equal time and weight to two people whose knowledge is not at all equal. Similarly, it might also overemphasize an opinion held by a teeny, tiny minority of people.

It's important that we not give equal weight to an expert and a non-expert as though science were a matter of debate. Please stick to the facts and do not give voice to non-expert extremists.

- **The shill gambit:** This argument assumes that the opponent is only making their arguments because they are paid to do so.

This conversation is not about employment or personalities, but about facts and evidence. Let's please return to discussing those.

- **Just Asking Questions:** This tactic works to instill uncertainty by asking a lot of troubling questions. A person using this tactic is not looking for answers, but trying to make people feel doubtful about what they thought they knew.

It sounds as though you have many questions. Which of these questions is the most important to you? Can you tell me more about why that question concerns you?



- **Appeal to nature:** This fallacy assumes that what is natural is best, even though all sorts of natural things try to kill us.

I understand that it is comforting to rely on nature over science, but the truth of the matter is that vaccination is a combination of both. Vaccines are a way for our natural immune system to be trained to fight what is dangerous in nature.

- **Appeal to conspiracy theory:** This fallacy relies on people's sense of powerlessness by reinforcing the idea that a nefarious group is out to get them. It's notable that large conspiracies are always outed fairly quickly. See: Watergate.

I understand why you distrust official sources, but vaccines are studied and monitored by many sources, including governments all over the world, universities, and non-government organizations.



A word of warning, there very often is no reaching someone who is so far down the rabbit hole. They will switch from one tactic to the next as you quash them. You need to decide if you want to engage in what could become a “whack-a-mole” online debate. Some guidance if you do want to engage:

Be polite...to a point.

- If someone is bullying, it's okay to call them out and to report them on social media.
- If someone is offensive, you should call them on it. Some anti-vaxxers have equated some pro-vaccine people to Nazis. If something like this happens you can, and should firmly shut the conversation down and let them know in no uncertain terms that equating genocide and vaccines is insensitive to victims of the Holocaust, ill-informed, and outrageous.

Use we, not me or I.

Generally speaking, regardless of what you're talking about or who you're talking to (business associates, friends, or online) this approach is better. It's more inclusive, assumes buy-in on certain things, and doesn't seem like you are presuming you are the end all, be all. We don't have to agree but let's agree to keep this polite. We all want what's best for our children...

Don't escalate, don't engage.

Regardless of what someone says, don't sink to their level. Call them on their behavior (politely) and disengage.

Know when enough is enough.

After five back-and-forths without making any progress, it's time to bow out. Prolonging the conversation may ultimately be harmful as it provides more opportunities for the sharing of misinformation.



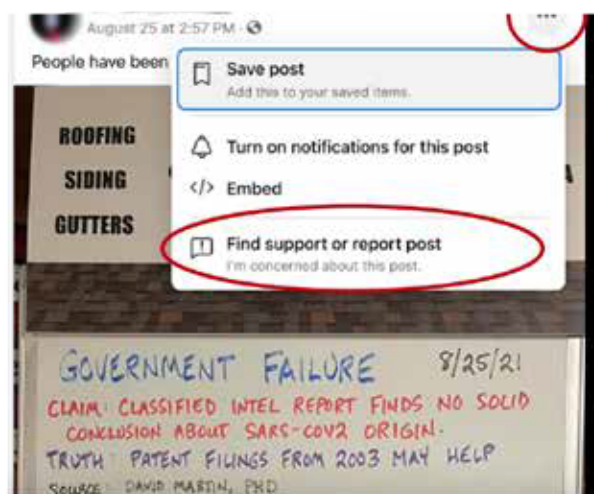
Let people know you are done.

Oftentimes if you just disengage, the person will say, “see, they had no come back so they left. Just shows you I’m right.” So before you disengage, say so. “This isn’t productive so I’m not continuing this conversation any longer, but if you do want credible information in the future, please let me know.

Report mis-, dis-, and malinformation.

Studies show that Facebook has a great amount of mis-, dis, and malinformation but all social media is susceptible. And all platforms have the ability for you to report it. The only way we are going to get a handle on false information is to report it when you see it. Look for the 3 dots in the upper right hand corner of a post or tweet and click on them. Then select, “find support or report post” or “report tweet” depending upon if you are using Facebook or Twitter.

Reporting a Facebook post



Reporting a Twitter post



It’s ok, to disengage politely saying, “I’m sorry you’re not in a place to learn the facts. But if things change in the future and you want credible information, please know I am for you.” And leave it at that.



Books and other sources

Websites:

- Immunization Action Coalition: www.vaccineinformation.org
- Immunize for Good: www.immunizeforgood.com
- Vaccine Education Center:
www.chop.edu/service/vaccineeducationcenter/home.html
- National Network for Immunization Information:
www.immunizationinfo.org
- Vaccinate Your Baby: www.vaccinateyourbaby.org
- Centers for Disease Control and Prevention: www.cdc.gov/vaccines
- American Academy of Pediatrics: www2.aap.org/immunization
- The History of Vaccines: www.historyofvaccines.org

Books:

- Autism's False Prophets: Bad Science, Risky Medicine, and the Search for a Cure by Paul A. Offit
- Bad Faith: When Religious Belief Undermines Modern Medicine by Paul A. Offit
- Bad Science: Quacks, Hacks, and Big Pharma Flacks by Ben Goldacre
- Bad Advice Or Why Celebrities, Politicians, and Activists Aren't Your Best Source of Health Information by Paul A. Offit
- Deadly Choices. How the Anti-Vaccine Movement Threatens Us All by Paul A. Offit
- Do Vaccines Cause That?! A Guide for Evaluating Vaccine Safety Concerns by Martin G Myers MD and Diego Pineda
- Do You Believe in Magic? The Sense and Nonsense of Alternative Medicine by Paul A. Offit
- Immunity by William E. Paul, MD
- On Immunity: An Inoculation by Eula Biss
- The Panic Virus: A True Story of Medicine, Science, and Fear by Seth Mnookin



- Panicology: Two Statisticians Explain What's Worth Worrying About (and What's Not) by Hugh Aldersey-Williams and Simon Briscoe
- Polio. An American Story by Ken Dalton
- Pox. An American History by Michael Willrich
- Tabloid Medicine: How the Internet is Being Used to Hijack Medical Science for Fear and Profit by Robert Goldberg
- Your Baby's Best Shot. Why Vaccines Are Safe and Save Lives by Stacy Mintzer Herlihy , E. Allison Hagood , et al.
- The Great Influenza: The Story of the Deadliest Pandemic in History by John M Barry
- Viruses, Plagues, and History: Past, Present and Future by Michael B. A. Oldstone, MD



YOU
MAKE THE
DIFFERENCE



www.VoicesForVaccines.org