

Vaccines, an Appraisal by a Practicing Medical Doctor

[Those Measles Outbreaks: Thoughts out of Season](#)

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[Source](#)

Before the current measles hysteria gets even further out of hand, a little common sense could help us think more carefully before rushing to take action that won't work and will actually do harm. Refusing unwanted medical treatment is a basic human right that all civilized nations have sworn to uphold, with the sole possible exception of a dire and imminent threat to the public health, which a few localized measles outbreaks, numbering no more than a few dozens or hundreds of cases, decidedly are not.

All of these outbreaks are typical of those that have occurred ever since the vaccine was introduced, and others just like them will undoubtedly continue to occur even if the drug industry's well-funded campaign succeeds in vaccinating everybody. Yet the Washington State Health Department has declared a public health emergency on the basis of them; several other states are considering doing the same; and the news media have enthusiastically joined in, with editorials and Op-Eds in the *New York Times*,¹ the *Boston Globe*,² and other major outlets, as well as talk shows on NPR and other radio stations, all well-meaning but repeating the same alarmist fears and exaggerations as if they were settled truths, and citing these modest outbreaks as ample justification for eliminating personal-belief exemptions from the states that still honor them. A clear violation of the First Amendment,

the latest and most ominous example is Congressional pressure on Facebook and other social media to censor postings that dare raise doubts or questions about vaccines or their mandates.

On the other hand, these politicians and journalists have done nothing more than simply taking on faith the information that prominent doctors and public health authorities are telling them. Unfortunately, what they're being told is not only bad ethics, but also bad science, based on assumptions that are flatly contradicted by current research, and violate basic human rights and moral values that we still profess to hold dear.

Often assumed to be self-evident without even having to be stated, much less proved, their bottom-line assumptions are really two postulates that depend on each other to support them – namely, 1) that these small outbreaks of measles and other infectious diseases that we vaccinate against are initiated and propagated by unvaccinated individuals; and 2) that vaccines are not only miraculously safe, but also uniformly effective in rendering people immune to these diseases without having to contract them, so that only the unvaccinated are still susceptible and thus capable of transmitting them to others.

But you can't have it both ways. For if these postulates were really true, if the immunity conferred by the measles vaccine were truly comparable to the absolute, lifelong immunity that results from coming down with and recovering from the actual disease, then the unvaccinated would pose no threat to anyone but themselves, based on a free choice of their own making, such that those taking the vaccine would have nothing to worry about. Conversely, if vaccinated individuals are indeed at risk of acquiring the disease from the unvaccinated, then the vaccine is clearly ineffective to that extent, and whatever it does offer cannot be a genuine or reliably effective immunity.

In any case, there's plenty of good scientific evidence that both of these assumptions are just plain false. The vast majority of cases of measles, mumps, and other vaccine-preventable diseases in both past and recent outbreaks, typically between 75 and 95%, have been in *vaccinated* individuals,³ while a recent study of measles in China, where over 99% of the population are vaccinated by the same sort of strict government mandate being advocated here, nevertheless reported over 700 localized outbreaks in a single year, totaling almost 26,000 cases.⁴ Much the same is true of recent mumps outbreaks in the United States, where typically 95-100% of the cases have been vaccinated.⁵

So even if all non-medical exemptions were eliminated and virtually everyone were vaccinated, as the proposed new laws would require, similar outbreaks would undoubtedly continue to occur. In other words, the so-called immunity conferred by vaccines is a trick, a counterfeit of the real thing; and "herd immunity," the stated goal of the mandates, customarily tied to a vaccination rate of 95% or more in the case of measles, is a chimera of wishful thinking that vaccination simply cannot achieve, in contrast to the natural disease, regarding which public health experts have long known that large-scale outbreaks no longer occur when at least 80% of the population have already contracted and recovered from it.⁶

That, and only that, is herd immunity: to expect a vaccine to achieve an even higher level, with no outbreaks at all, is pure fantasy, and the polar opposite of hard science.

Moreover, scientists have also demonstrated that individuals receiving vaccines made from live viruses, like measles, mumps, rubella, chickenpox, rotavirus, oral polio, and some versions of influenza, regularly "shed" them and are thus contagious for many weeks afterward.⁷ Regarding the resurgence of whooping cough in recent years, for example, numerous

studies have shown that the increasingly large and frequent outbreaks of the disease are likewise being spread by vaccinated individuals, even though the bacterium is no longer alive, in part through natural selection for vaccine-resistant strains,⁸ as has been documented in the case of other non-living vaccines (HiB, pneumococcus, and possibly injectable polio) as well.⁹ In short, the entire rationale of vaccinating as many people as possible, and the bullying and resentment of parents who choose not to vaccinate that always accompanies it, is not only cruel and misplaced, but helps to create and propagate the very diseases that the vaccines were designed to eradicate.

Rather than simply accepting the fact that vaccines have at best a partial and limited efficacy, we are allowing the CDC and the drug industry to play on our fears to the extent of inflating these small, localized outbreaks of measles into the dreaded semblance of a looming public-health emergency, posing a serious threat to society, justifying forced vaccination of everyone, even against their will if necessary, and thereby nullifying our co-authorship of and continuing allegiance to the Nuremberg Code of Human Rights and the Helsinki Declaration governing Biomedical Research, both of which insist upon the right of every patient and every experimental subject to give informed consent to all medical and surgical procedures, and explicitly forbid administering them by force.¹⁰

Although one could imagine a genuine public health emergency that might justify and even require temporarily waiving such rights, such as a large-scale bioterrorist attack or the rapid dissemination of a deadly plague, that is precisely what these small, localized outbreaks of ordinary childhood diseases are not. The truth is that there is no emergency, that we vaccinate purely as a matter of long-term health policy, and that most of the diseases that we vaccinate against were

1) already rapidly declining, thanks to improvements in sanitation, water quality, and other aspects of public health (pertussis, diphtheria, tetanus);¹¹

2) ordinary diseases of childhood that most people contracted and recovered from without complications or sequelae (measles, mumps, rubella, flu, rotavirus, chickenpox);¹²

3) or caused by mutant strains of organisms that are part of our normal flora and only occasionally cause invasive disease (HiB, pneumococcus).¹³

Measles is indeed a perfect test case of the vaccination concept, as the most highly contagious of them all, with an attack rate approaching 100% in susceptible individuals; and the measles vaccine has in fact reduced the annual incidence of the disease in the United States from about 400,000 cases to less than 10,000, surely a historic achievement, no matter how it was done or why it was thought necessary. But inasmuch as these small, localized outbreaks are still occurring, and will undoubtedly continue to do so in the future, no matter what we do, the CDC surely owes us a more convincing explanation than the impossible dream of “herd immunity” for why they don’t simply declare victory and let it go at that.

So for all of these reasons, contrary to what we’re being told, the science is far from being settled when it comes to vaccine effectiveness. Even that much would be enough to deflate the myth that vaccine mandates are necessary. But it’s not the only reason, or even the most important one. Vaccine safety is even further from being settled, to put it mildly, and for very good reasons. In the first place, many studies have shown that children who come down with and

recover from acute febrile infections like measles, mumps, rubella, chickenpox, and influenza are much less likely to develop chronic autoimmune diseases and cancer later in life than those merely vaccinated against them.¹⁴

Still other studies link the risk of death, hospitalization, and other serious adverse reactions not so much to any particular vaccine or vaccines, but rather to the total number of vaccines given, both simultaneously at the same visit,¹⁹ and cumulatively over the patient's lifetime.²⁰ In other words, these worst outcomes cannot be simply written off as idiosyncratic aberrations of certain hypersensitive individuals, but rather appear to be built into something about the nature of the vaccination process itself.

These findings are already more than sufficient to question if not discredit the almost universal reverence accorded to the concept of vaccination, not to mention the blank check that allows and even incentivizes the drug industry to develop, market, and ultimately mandate more and more vaccines, based on the assumption that vaccines are safe and effective across the board, that they save vast sums of money from not having to care for patients suffering with these diseases, and that it is therefore OK and even desirable to pile on as many doses of as many different vaccines as the traffic will bear, often for no better reason than that we have the technical capacity to make them.

It is the same assumption that allows and even blesses the drug industry to conduct its own safety studies without genuine placebo controls of unvaccinated individuals;¹⁵ that limits adverse effects to those appearing within a few hours or days of the shot,¹⁶ thus automatically excluding the chronic diseases from consideration; that gives the lead investigator unlimited authority to determine whether a reported adverse reaction is or is not vaccine-related, according to criteria

that are never specified;¹⁷ and that allows the CDC to insist that vaccines are uniformly safe and effective without conducting independent studies of its own, even though Congress has legislated and the Supreme Court has upheld that they are “unavoidably *unsafe*,” in order to shield the manufacturers from liability for the deaths and injuries they cause,¹⁸ a free ride granted to no other industry.

In short, these assumptions are not science, but merely *scientism*, a reverent, quasi-religious faith characterized by dogmatism *in the name of science*, which stifles the critical thinking, questioning, and doubting of allegedly settled truths that real science requires, and helps explain why the news media refrain from reporting deaths or injuries from vaccines without having to be told, and why most physicians offer up their own children for the same vaccinations they administer to their patients. The late Richard Feynman, Nobel Laureate in Physics, sums it up admirably:

[In science] we must leave room for doubt, or there is no progress and no learning.

There is no learning without having to pose a question, and a question requires doubt.

*Before you begin an experiment, you must not know the answer, [or] there is no need to gather any evidence; and to judge the evidence, you must take all of it, not just the parts you like. That's a responsibility that scientists feel toward each other, a kind of morality.*²¹

Which brings me to my final point, that if vaccination and vaccines were indeed safe and effective across the board, then the thousands upon thousands of parents who sincerely believe that their children were maimed or killed by them and must live with that existential reality every day of their lives must be either lying, ignorant, or stupid, and thus perhaps

even deserve to have their stories ignored and dismissed out of hand by the medical community, the news media, and the public at large. Yet their suffering, whatever may have caused it, surely cries out at the very least for caution, restraint, and simple compassion for the viewpoint of those whose lived experience is so tragically different from that of everyone else privileged enough to be ignorant of or somehow unmoved by their loss.

As a family physician who has cared for many of these children over the years, I can say with complete assurance that the vast majority of their parents are by no means ignorant or credulous “anti-vaxxers” or hostile to science. Quite the contrary, in fact: they are often well-educated, have devoted their lives to unraveling the mystery about what really happened to their kids, and ask no more than that vaccines be made as safe as possible, based on careful investigation by independent scientists unaffiliated with the drug industry. After more than fifty years in the trenches, I can also attest that the instinctive, practical sense of caring parents is often a far more accurate and trustworthy guide to the truth about what caused the specific tragedies that they have had to endure than any preformed, generic pronouncement that pre-empts any need to consider the details of their actual, lived experience.

Finally, the widespread and indeed almost universal reverence accorded to vaccination, based on the catechism that vaccines are not only safe and effective, but also among the supreme achievements of modern medicine, has impelled me to write with a sense of urgency and foreboding at this critical moment in our history, when the time-honored rights of patients to refuse unwanted medical treatment and to make such decisions on behalf of their children are being challenged as never before. I will feel well rewarded if my words, my reasoning, and the commingled sadness, fear, and outrage I have long felt about this subject will promote a healthy debate and elicit

more of the rigorous scientific work that still remains to be done.

Given the legitimate doubts and fears surrounding their use, the simplest and wisest solution would be to make the vaccines optional, that is, available to all those who want them, once fully apprised of their risks, so that exemptions will no longer be required. For if vaccines and vaccination are truly as safe and effective as the CDC and the industry have been insisting, it shouldn't be that difficult for them to convince the public to the extent of *wanting* to give them to their children, without needing mandates to impose them by force.

Until that happens, the most pressing issue before us is to preserve the frail remnant of personal liberty embodied in the few remaining exemptions that most citizens in our democracy have long been rightly proud of, and that the influential and well-funded drug industry has always been eager to take away. My fervent hope and heartfelt plea is that good common sense will prevail and the American people will be sufficiently aroused to not let that happen.

Notes.

1. Editorial, "How to Inoculate against Anti-Vaxxers," ***New York Times***, January 20, 2019.
2. Editorial, "With Vaccine Rejection Reaching Alarming Levels, the State Should Act," ***Boston Globe***, February 10, 2019.
3. Cf. Matson, et al., "Investigation of a Measles Outbreak in a Fully-Vaccinated School Population," ***Pediatric Infectious Diseases*** 12:292, 1993.
4. Ma, et al., "Monitoring Progress toward Elimination of Measles in China," ***Bulletin of the World Health Organization*** 92:390, 2015.

5. 'Mumps Outbreak at Harvard," **NBC News**, April 2016.
6. Schlenker, et al., "Measles Herd Immunity," **JAMA** 267:823, 1992.
7. Cf., for example, Payne, et al., "Sib Transmission of Vaccine-Derived Rotavirus," **Pediatrics** 125:938, 2010; and Murti, "One Case of Vaccine-Associated Measles 5 Weeks Post-Vaccination," British Columbia, Canada, **Eurosurveillance** 18:12, 2013.
8. Althouse and Scarpino, "Asymptomatic Transmission and the Resurgence of *Bordetella pertussis*," **BMC Medicine** 13:1186, 2015.
9. Cf., for example, Cantekin, Letter, **NEJM** 344:1719, 2001.
10. World Medical Association, **Ethical Principles for Medical Research Involving Human Subjects**, Helsinki, 1964, amended 2008, par. 24, p. 3.
11. Cf., for example, Dauer, "Reported Whooping Cough Morbidity and Mortality in the United States," **Public Health Report** 58:661, 1943.
12. Cf., for example, "Varicella," **American Academy of Pediatrics** Brochure, 1996.
13. Vide supra, note 9.
14. Cf., for example, Kubota, et al., "Association of Measles and Mumps with Cardiovascular Disease," **Atherosclerosis** 241:682, 2015.
15. Dr. Colleen Boyle, Testimony before the House Oversight and Government Reform Committee, November 29, 2012.

16. "How Are Vaccines Evaluated for Safety?" insidevaccines.com.
17. Cf. vaccine package inserts.
18. Cf. *Bruesewitz v. Wyeth*, 2011.
19. Goldman and Miller, "Relative Trends in Hospitalizations and Mortality among Infants by the Number of Vaccines and Age, 1990-2010," *Human Experimental Toxicology* **30**:1420, 2011.
20. Glanz, et al., "A Population-Based Cohort Study of Under-Vaccination in Managed Care Organizations," *JAMA Pediatrics* **167**:284, 2013.
21. Feynman, *The Pleasure of Finding Things Out*, Basic, 1999, pp. 103, 108, 111, 112, *passim*.