

Vaccine: real culprit?

The vaccine debate now runs hot and heavy, in this web space, the media in general, and in politics. Now Senator Charles M. Schumer (D-N.Y.) [wants](#) the CDC to hand out measles vaccines, including MMR (the most common), to everyone. And he wants taxpayers to pay for it. Senator Schumer should expect better research from his staff. But what a doctor, who should know better, now recommends, tops this. He wants every adult in the country to get what for most would be a third MMR vaccine. Neither the Senator nor this doctor realizes what they might be doing: making the measles problem worse, not better.



Vaccine debate: the players

Senator Schumer needs no introduction. Neither do most who have jumped on a bandwagon, defending the vaccine concept and current vaccine practice as if it were “a basic health need,” like food. But the doctor recommending the third MMR shot does need an introduction.

Meet [James D. Cherry](#), M.D., Professor of Pediatrics, Division of Infectious Diseases, David Geffen School of Medicine (yes, *that* David Geffen, as in Dreamworks Spielberg, Katzenberg, and), University of California at Los Angeles. He has devoted most of his research to “vaccines and vaccine-preventable diseases.” Now one can understand why he recommended something like that. To a hammer, all the world looks like a nail. To a doctor, everyone looks sick. And to a specialist in vaccine research, everyone could use a vaccine.

Now meet the lineup of opponents. Start with Governor Chris Christie of New Jersey, and Senator Rand Paul (R-Ky.). Then add Barbara Loe Fisher, founder and director of the [National Vaccine Information Center](#). Why did she start the Center? Because her son suffered a “vaccine adverse event” and she found she could not sue for damages. She does not, by the way, recommend absolutely to stay away from all vaccines. She *does* want parents to know all the facts. Those include some facts the Doctor Cherrys of the world don’t want to tell, or even talk about. She sets forth her full mission on this [page](#).

Briefly, she wants parents free to decide for themselves how to manage “childhood diseases,” with a vaccine or some other way. Current public health policy assumes taking a vaccine is safer than taking a chance on getting the usual disease. But as Barbara Fisher shows, policymakers assume this overwhelming relative safety *without good reason*.

To define our terms

One can take part in, or judge, the debate better after one defines certain terms:

- *Wild type* or *wild strain*: the strain of any living thing one finds most often in the wild. For disease viruses, this means the most common strain one might come down with.

- *Antibody*: a molecule the body makes to latch onto a virus, or other invader, to destroy it or make it easier for other cells of the body to destroy. Scientists know five classes of antibodies, which they call *immunoglobulins*: IgG (general), IgM (macro or “big”), IgA (alimentary, because the body makes these in the gut), IgD (“the fourth antibody,” a signal to antibody makers to make more), and IgE (“the fifth antibody”, the one figuring in allergies).
- *Vaccine*: a sample of a disease virus that a doctor might suggest a patient take. The doctor hopes the patient’s body will react to it and thus prepare to react to an attack by the wild type. If the body reacts soon enough, the patient will not get sick.
- *Vaccine strain*: the strain of a disease virus one puts into a vaccine. When they use this term, doctors usually mean they use a vaccine strain different from the wild type. One who makes a vaccine will always weaken (*attenuate*) a virus, or kill it with a preservative, usually formaldehyde. (No one makes a vaccine with a whole bacterium. They might make it with a part of a bacterium to which an antibody might latch on.)
- *Herd immunity*: the blockage of a disease germ or virus when, even when not all the people have gotten the wild type or taken the vaccine, enough have so that one person cannot pass the infection on to someone else because he never meets anyone who can still catch it. That term exposes the mind-set of those who push vaccines on people. They talk about their fellow human beings as one talks about animals. “Herd,” indeed.

Barbara Fisher speaks out

As everyone remembers, on or about January 13, 2015, several small children at Disneyland, Walt Disney’s original theme park in Anaheim, California, came down with rashes all over their bodies. Doctors diagnosed measles. Since then nearly every State in the Union has at least one case. The California site prompted many to remember that many California residents refuse to let their children take common childhood vaccines. California law allows parents to object on religious or philosophical grounds, and opt out. They don’t even need a doctor to sign a note to say they can’t take a vaccine safely. (Which some can’t.)

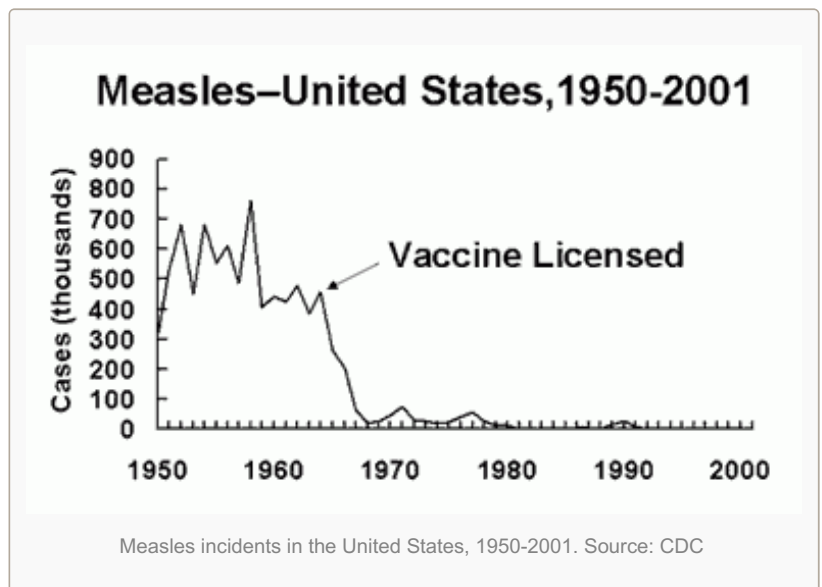
At once, politicians started screaming that California should change its law, and the government should, on pain of fine, imprisonment, or both, *make* children take a vaccine against measles. Lurid tales of the morbidity (just how sick can you get from it?) and mortality (what risk do you run of dying from it?) of measles abounded in the press. Nevertheless, Governor Christie and Senator said, without a second’s thought, the government still had to let parents choose. Within a day the press were demanding everything but that the New Jersey assembly impeach Christie, and the U.S. Senate expel Paul.

Enter Dr. Cherry. As the Associated Press [reported](#), Cherry decried the notion that anyone would make a choice not to take a vaccine, or that any government would let them so choose. “Selfish!” he thundered.

Five days later, Fisher [answered](#) that charge. In a well-documented article with eighty-two references, Fisher told the world:

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The CDC *have not* eradicated measles from the United States. The year 2014 saw 644 cases nationwide. This



although 95 percent of all children entering kindergarten had gotten their first MMR dose, and 92 percent of adolescents had gotten one or two shots.

Now what do public health workers say about herd immunity? Fisher quotes Dr. Cherry as saying it kicks in when 90 percent of the people can't catch the disease for one reason or another. But: *he assumes one who takes the vaccine, cannot catch the wild type*. Evidently Dr. Cherry made a mistake.

Does any vaccine succeed? The influenza vaccine failed miserably this year, and has failed before. And in one year when the government couldn't rush it out fast enough, civilization did not collapse. No undertakers came through the streets pushing meat wagons, ringing bells, and shouting, "Bring out your dead!" No businesses failed because their workers couldn't get in to work. People protected themselves and others in other ways. They had to.

Everyone remembers taking a vaccine against whooping-cough (along with diphtheria and tetanus). That has failed, too. Most have taken it, but children get whooping-cough anyway.

Why should the measles vaccine have succeeded where others failed? Answer: it didn't. Twelve percent of those who came down with the measles had taken the shot!

As if that did not alone destroy the case for the vaccine, this should: *How do those authorities know those kids who came down with the measles, came down with the wild type?* Fisher has references to make this *coup de grâce* claim: *the vaccine strain could be causing those cases*. That means one of two things:

- The kids who got the measles, got it from the shot. Or, worse:
- One of those shots gave a child a contagious vaccine strain!

A third shot?

Dr. Cherry has not talked to a single witness. Neither has his colleague, a Dr. Pan who introduced a bill in California in 2013 to keep children who didn't take the shot, out of school. Now Dr. Pan seems to want to make all children take the shot, school or no school.

If the slightest risk exists that the shot itself could cause an outbreak, and could have caused the Disneyland outbreak, no one should trust any public-health authority proposing such a thing.

So when Hillary Rodham Clinton said, "Grandma knows best; vaccines work," she, too, made a mistake. She and others like her accuse their opponents of ignorance. But they ignore the evidence against them, or worse, try to suppress it. Who, then, really speaks of subjects they know nothing about? Or: who tells lies?