The Measles Vaccine Narrative Is Collapsing

Hyper-exaggeration of the measles threat—and the fear that this exaggerated threat produces in the population—are what the vaccine industry and public health officials are counting on to drive public compliance and legislative action to remove freedom of choice. However, it is time to put this unreasonable fear of measles to rest. The real risks from measles in modern-day America pale in comparison with vaccine injuries and adverse effects on our children's health. The measles vaccine has been responsible for serious vaccine injuries, permanent disabilities and deaths.

Although the vaccine industry likes to take credit for the decline in measles deaths, U.S. government statistics tell a very different story. When the first ineffective and problematic measles vaccine was introduced in 1963 (with a second vaccine introduced in 1968), the rate of deaths attributed to measles had already declined by over 98%—between 1900 and 1962—and was continuing its downward trajectory. Some government statistics even say that the measles death rate had decreased by 99.4% prior to the vaccine's introduction. Regardless of which figure one uses, that is nearly a 100% decline. Moreover, there is no reason to believe that the death rate would have stopped falling if no vaccine had come along. Thus, to suggest that the measles vaccine had anything to do with the decline in measles mortality is dishonest and a poor attempt at rewriting history.

Prior to the introduction of the vaccine, the government-reported mortality rate for measles was approximately 1 in 10,000 cases. However, in another attempt to exaggerate the facts, officials now often report the rate as 1 in 1,000 cases. What needs to be understood is that *90% of all measles cases were never reported* because parents never took their children to the doctor. Most measles cases were mild, lasting just a few days, at which point kids went back to school and life went on. No big deal. In the 1950s and '60s, people viewed measles as an inconvenient yet harmless condition that virtually everyone got and recovered from, leaving them with lifelong protection.

Only about 10% of overall cases were severe enough for those affected to seek medical care, and among the subset of cases that *sought medical care and were reported*, the fatality rate was about 1 in 1,000. By leaving out the crucial word "reported," news outlets thus inaccurately present the death rate as 1 in 1,000 cases instead of the far more accurate 1 in 10,000 cases. There is another crucial fact to consider. Studies show that measles fatalities were 10 times higher in extremely low-income, poverty-stricken communities compared to middle-income communities (pages 487-488). The increased incidence of fatalities in poor communities drastically skewed the overall death rate. The death rate in middle- and upper-income areas may have been around 1 in 100,000 cases.

"*People who receive MMR vaccination according to the U.S. vaccination schedule are usually considered protected for life against measles and rubella. While MMR provides effective protection against mumps for most people, immunity against mumps may decrease over time and some people may no longer be protected against mumps later in life. Both serologic and epidemiologic evidence indicate that vaccine-induced measles immunity appears to be long-term and probably lifelong in most persons*."

This information is outdated and has been proven *completely wrong*! The information may have been somewhat accurate when there were still large numbers of aging people in the population who had wild measles as children—giving them lasting immunity—and when some children still experienced wild measles, thereby providing adults with natural "boosters." However, that dynamic changes over time as more people are vaccinated.

Over the last few years, we have learned that antibody levels produced by the measles vaccine wane rapidly, dropping approximately 10% per year, with efficacy lasting no more than 10 years after the second vaccine dose. A 2018 article published in the journal *Vaccine* (titled "Measles, mumps, and rubella antibody patterns of persistence and rate of decline following the second dose of the MMR vaccine") confirms this fact, and a 2017 study published in the *Journal of Infectious Diseases* (titled "Measles virus neutralizing antibodies in intravenous immunoglobulins: Is an increase by revaccination of plasma donors possible?") explains how additional vaccine doses provide no lasting protection. These two factors—the waning of the vaccine and the inability to effectively revaccinate back into protection—leave the previously vaccinated adult population completely unprotected.

In essence, measles vaccination programs may work initially (scientists call this the "honeymoon period"), but only when many children have already experienced wild measles at baseline, developing lifelong immunity and staying safe and immune as adults. That natural immunity can keep measles infections in check for several years. As vaccinated children age out of protection and vaccination rates for younger children remain high, there are no longer (as in the pre-vaccine era) young children with wild measles in the population to provide natural boosters to adults. Over time, vaccine-induced antibody levels drop throughout the aging population, leaving people vulnerable to infection. Sadly, the honeymoon is then over.

The measles vaccine has destroyed the natural herd immunity we used to enjoy—and the pseudo "herd immunity" highly touted by vaccine proponents turns out to be a complete fallacy, falling apart due to the vaccine's failure to provide the promised lifelong immunity

.This explains why such a high percentage of the people contracting measles in recent outbreaks are vaccinated adults. For example, during the infamous 2015 Disneyland outbreak and subsequent U.S. measles cases that year, laboratory virus sequences were available for 194 cases. Of those, 73 (38%) were identified as MMR vaccine sequences. While officials like to blame the unvaccinated for measles outbreaks, these and other statistics show that the vaccinated are susceptible. In addition, the age of the California cases ranged from six weeks to 70 years old, with a median age of 22. In the pre-vaccine era, half of all children had measles by age six, with the rest acquiring the illness in the years shortly thereafter—this is when measles are mildest and have the lowest rate of complications. The fact that so many of the California cases were in their 20s or older indicates a significant upward trend in measles incidence at older ages due to vaccine failure.

There is another unintended consequence resulting from low measles antibody titers in previously vaccinated adults: women of childbearing age do not have enough antibodies to pass sufficient amounts to their newborn babies. This makes their infants *more* susceptible to contracting measles (pages 574-578). Of the 110 California cases from the Disneyland outbreak, 12 (11%) were infants too young to be vaccinated. These infants most likely would have been protected if their mothers had contracted wild measles as children.

In short, the science shows a shift in the demographics of measles cases due to the vaccine program. This shift has effectively *transferred the risk to the two groups most vulnerable to serious complications*, namely newborns and adults. Scientists are also recognizing the same pattern of vaccine failure for other infectious diseases over which we thought we had achieved control

Research published in 2017 in the *Journal of Infectious Diseases* demonstrated that additional doses of MMR given to adults have minimal effect on raising antibody levels, and the increased titers are very temporary—decreasing in under four months! Therefore, the kneejerk reaction by some vaccine proponents to mandate adults to get MMR shots every five to 10 years won't work. It is readily apparent that we cannot vaccinate our way out of this problem So, what do we do now? It's like squeezing toothpaste out of the tube. You can't put it back in!

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THE IGNORED COSTS OF THE ENDLESS WARS

To the general public, traumatic brain injury (TBI) is most commonly understood to be caused by a direct blow to the head like the ones football players endure. The impact from an explosion — even if it doesn't cause bodily injury — could cause TBI. Brain injuries have been called the **"signature wound"** of the wars in Afghanistan and Iraq, where improvised explosive devices have been a persistent threat. More than **413,000** American soldiers have suffered TBI since 2000, according to the Department of Defense. Most of those cases involved mild TBI, which can lead to headaches, cognitive impairment, mood changes and fatigue in the short term. Research has shown that **even mild brain injuries** can be linked to a increased long-term risk of depression, post-traumatic stress disorder and suicide.

More than 100 members of the U.S. military suffered traumatic brain injuries as a result of an Iranian missile attack on a base in Iraq that housed American troops, according to the U.S. Department of Defense. Iran bombarded the base in early January in retaliation for an American airstrike that killed Qassem Soleimani, one of the country's top generals. Though there were no U.S. fatalities, the number of military members who have been treated for brain injuries has gradually increased in the weeks since the attack. Last month, President Trump downplayed the injuries, saying the soldiers were experiencing "*headaches,*" which he *didn't consider "very serious injuries relative to other injuries."*

The president's comments echo a view, prevalent in the military and in sports, that brain injuries aren't considered as serious as physical injuries. Part of the disconnect may stem from the nature of the injuries. A bullet wound, for example, is immediately noticeable and easily understood as life-threatening. The symptoms of head injuries, however, can take days to show up and are often difficult to define. Severe outcomes, like depression, may not manifest for months or even years and can be difficult to attribute directly to head trauma.

Some military veterans say the culture of the armed forces puts pressure on soldiers to return to action unless physically unable, which can lead to TBI symptoms going unreported. Others argue that military leadership has been too slow to respond to the issue and that the government doesn't do enough to provide mental health services to veterans after their service is complete.

The modern understanding of the impact of traumatic brain injuries is still relatively new. Scientists and doctors are working to develop better methods to diagnose, monitor and treat TBI. The military has instituted new procedures for managing brain injuries within its ranks in recent years. President Trump, however, appears committed to his view that TBI isn't as serious as other injuries. "I viewed it a little bit differently than most, and I won't be changing my mind on that."

Symptoms can take time to surface. "*The long-lasting effects of TBI can be delayed, and its victims can appear unchanged to the eye. Because of this, it is easy to dismiss mild TBI or concussion as a bump to the head, and the victims of TBI are often returned back to the field, the court, work or the battlefield all too soon without the necessary neuropsychological testing and subsequent treatment."* — Neurologist Starane Shepherd, Newsweek

Veterans often see their symptoms as personality problems. "*Victims of traumatic brain injury often blame themselves for their changed behavior, not realizing that blows or force to the head have caused lasting harm. … Step one is helping them understand they have injuries, not character flaws."* — Dr. Chrisanne Gordon, Columbus Dispatch

Mental health is consistently treated as less seriously than physical health. *"Historically, mental health services get shortchanged in funding and support across the country, but the failure to care for the war fighters has been notably shameful. Looking back 18 years, we find that the medical campaign to treat psychological problems and brain injury has largely failed."*

— Stephen N. Xenakis, USA Today

TBI symptoms are often discounted. *"What I know is that if you show most people* ***an invisible wound, you'll get invisible compassion.***

— Military veteran Bryan Box, New Republic