

Health Bits and Pieces [HFN 33:1]

Written by By Dan Kenner, PhD, L.Ac.

If you question the conventional mindset on vaccination, are you “anti-science”? Senator Rand Paul stated, “I have heard of many tragic cases of walking, talking normal children who wound up with profound mental disorders after vaccines.” Could this perhaps explain the condition of some of his colleagues? Representative John Boehner said “I do believe all children ought to be vaccinated.” Some Republicans are afraid that he might make some heretical pronouncement about actually believing in science. So, vaccines work; but supplements do not? When asked about why I did not vaccinate any of my three children, I was usually asked “Is it for religious reasons?” My response has always been, “No, it’s for scientific reasons.” There is substantial scientific literature to support the proposition that vaccines are not necessarily safe and effective.

Fake Immunity

One of the major arguments against vaccine-induced immunity is that it primarily stimulates a superficial layer of the immune system called the humoral immune system, rather than the cellular immune system, which has actual resolving power in combating disease. Antibodies are produced by the humoral immune system and then routinely measured to determine “immunity.” The problem with this approach is that you can have high antibody levels and still get the disease. Antibodies do not necessarily have any resolving or preventive power with illness: People with permanent herpes infections have herpes antibodies. Infection from HIV is diagnosed by detecting HIV antibodies. Antibodies have no impact on the course of disease in either herpes or AIDS. Cellular immunity develops from

having a childhood disease. Yet, to license a vaccine, it is only necessary to prove that they induce the formation of antibodies, not prove safety or efficacy.

According to the IRIS Research Center, formulating new vaccines so that they influence cellular immunity is one of the major challenges of vaccine research because antigen-specific antibody titers do not correlate with protection.

And the Centers for Disease Control and Prevention (CDC) report that, “[t]he findings of efficacy studies have not demonstrated a direct correlation between antibody responses and protection against pertussis disease.” This is supported by the National Advisory Committee on Immunization, which stated, “[t]here is no known direct correlation between levels of specific pertussis antibodies and protection against pertussis.”

Antibody titers indicate that there has been an immune response, but they **do not** indicate future immunity. Furthermore, there is evidence that antibodies are not required for immunity to viral infections.

Del Giudice G, Podda A, Rappuoli R (IRIS Research Center, Chiron SpA, Via Fiorentina 1, 53100, Siena, Italy), “What are the limits of adjuvanticity?” *Vaccine*, 2001 Oct 15;20 Suppl 1:S38-41; *Morbidity and Mortality Weekly Report (MMWR)* (March 28, 1997 / 46(RR-7);1-25) www.cdc.gov/mmwr; Advisory Committee Statement (ACS) National Advisory Committee on Immunization (NACI) statement on pertussis vaccine; Moseman E, *et al.*, “B Cell Maintenance of Subcapsular Sinus Macrophages Protects against a Fatal Viral Infection Independent of Adaptive Immunity,” *Immunity* 36, 1-12, March 23, 2012.

Germ Warfare

Another reason why vaccines might be disease time bombs is because they contain retroviruses, mycoplasma, pertussis toxoid, cholera toxin, and other biological detritus

along with metals like aluminum salts and mercury. Vaccines may be “seeding” humans with virus RNA. Dormant protoviruses could later be activated, resulting in multiple sclerosis or Parkinsonism. Polio vaccine was contaminated with a cancer-causing virus, called SV-40. According to polio researcher Dr. Frederick Klenner, “Many voice a silent view that the Salk and Sabin vaccine, being made from monkey kidney tissue, has been directly responsible for the major increase in leukemia in this country.” At a September 10, 2003, investigative hearing of the U.S. House Subcommittee on Human Rights and Wellness chaired by Congressman Dan Burton, testimony was provided by attorney Stanley Kops that the Salk vaccine was not likely the only vaccine contaminated with SV40 and used by millions of American children. Pediatric brain cancer, once rare, rose during the past few decades according to the National Cancer Institute. But it is unknown how many of these children had or have SV40 in their brain tumors because nobody checks. There has been a Federal ban on the use of cancer cells to produce vaccines since 1954. There is now discussion about lifting that ban despite the acknowledged risks of contamination with a variety of potentially hazardous materials, including residual DNA and RNA. Some of the other ingredients in vaccines include mercury and aluminum salts, ethylene glycol, carbolic acid, acetone and other toxic chemicals. Read what the Institute of Medicine on the National Academy of Science has to say about vaccine safety and “side effects.”

Stratton K, Ford A, Rusch E, Clayton E, Editors, Committee to Review Adverse Effects of Vaccines; Institute of Medicine, Institute of Medicine Report on Adverse Effects of Vaccines: Evidence and Causality: PDF is available for download from The National Academies Press at http://www.nap.edu/catalog.php?record_id=13164.

Do They Even Work?

For the risks involved, can we count on a reliable effect? According to a 1989 CDC report, “Among school-age children, [measles] outbreaks have occurred in schools with vaccination levels of greater than 98%.” The CDC also reported a measles outbreak in a documented 100% vaccinated population,” while measles vaccine failure was reported in the *Canadian Medical Association Journal*.

In turn, England saw a drop in pertussis deaths when vaccination rates dropped from 80% to 30% in the 1970s. A Swedish epidemiologist observed that “pertussis-associated mortality is currently very low in industrialized countries and no differences can be discerned when countries with high, low, and zero immunization rates were compared.” England, Wales, and West Germany had more pertussis fatalities in 1970 when the vaccination rate was high.

Vaccine failures have also been reported with meningitis and mumps vaccines. “The apparent paradox is that as measles immunization rates rise to high levels in a population, measles becomes a disease of immunized persons.”

Morbidity and Mortality Weekly Report (MMWR) 38 (8-9), Dec 29, 1989; MMWR 33(24), June 22, 1984; Sutcliffe P, Rea E, “Outbreak of measles in a highly vaccinated school population,” *Canadian Medical Association Journal* 155(10) 1407-1413; Trollfors B, Rabo E, “Whooping cough in adults,” *British Medical Journal* Sep 12, 1981, pp. 696-697; Institution Division of Bacterial Products, Center for Biologics Evaluation and Research, Food and Drug Administration, Bethesda, Md 20892, “Haemophilus b disease after vaccination with Haemophilus b polysaccharide or conjugate vaccine,” *American Journal of Diseases of Children* 145(12):1379-82, 1991 Dec.; Briss P, Fehrs L, Parker R, et al., “Sustained transmission of mumps in a highly vaccinated population: assessment of primary vaccine failure and waning vaccine-induced immunity,” *Journal of Infectious Disease* 169(1): 77-82, Jan 1994. doi:10.1093/infdis/169.1.77; Review article with 50 references by the Mayo Vaccine Research Group in *Archives of Internal Medicine* 154(16): 1815-1920, August 22, 1994.

Can I Catch the Measles if I Get the Autism Vaccine?

Vaccines can be the cause of disease. Investigators have found, for example, live measles virus in the cerebral spinal fluid in children who become autistic after MMR vaccinations. Antibodies to measles virus are elevated in children with autism but not in normal kids, suggesting that virus-induced autoimmunity may play a causal role. Journalist Dan Olmsted looked for children who had not been exposed to the mercury in vaccines. In scientific research, this would be called a “control group.” He found his group among an Amish population in Pennsylvania, who refuse to vaccinate their infants. Olmsted calculated that there should have been 130 autistic children among the Amish in conformity with the national average. He found only four. One had been exposed to high levels of mercury from a power plant; the other three, including an adoptee, had received vaccines.

A study published in *Neurology* in 2004 implicated hepatitis B vaccine as a causative factor in multiple sclerosis. Similarly, researchers in the UK found that having pertussis vaccination made children five times more likely to become asthmatic.

Deadly Immunity, by Robert F. Kennedy, Jr. Rolling Stone, Jun 20, 2005; Hernán M, Jick S, Olek M, Jick H, “Recombinant hepatitis B vaccine and the risk of multiple sclerosis - A prospective study,” *Neurology* 63: 838-842, 2004; Bradstreet J, El Dahr J, Anthony A, Kartzinel J, Wakefield A, “Detection of Measles Virus Genomic RNA in Cerebrospinal Fluid of Children with Regressive Autism: a Report of Three Cases,” *Journal of American Physicians and Surgeons* Volume 9(2) Summer 2004; Odent M, Culpin E, Kimmel T, “Letter to the editor, Pertussis vaccination and asthma: Is there a link?” *Journal of the American Medical Association* 272: 592-593, 1994.

Measles – the Cure for Allergies

A total of 14,893 children were included from a cross-sectional, multicenter study conducted in five European

countries. The children were between 5 and 13 years of age and represented farm children, Steiner-school children, and 2 reference groups. In the whole group of children, allergic susceptibility was inversely associated with measles infection. To reduce risks of disease-related modification of exposure, children who reported symptoms of wheezing and/or eczema debuting during first year of life were excluded from some analyses. After this exclusion, inverse associations were observed between measles infection and “any allergic symptom” and “any diagnosis of allergy by a physician.” However, no associations were found between measles vaccination and allergic disease. Prevention of allergic tendencies could not be observed with measles vaccine. Since vaccines cause an abnormal immune system response, it can create a predisposition to inappropriate responses to environmental stimuli.

Rosenlund H, Bergstrom A, Alm J, et al., “Allergic Disease and Atopic Sensitization in Children in Relation to Measles Vaccination and Measles Infection,” Pediatrics March 2009; 123:3 771-778; doi:10.1542/peds.2008-0013.

A Nation of Sheep: So if you’re Vaccinated, What are you Worried About?

One of the most commonly parroted sound bites in the vaccine debate is the term "Herd Immunity." The idea of herd immunity has its roots in the late 19th Century. In the 1880s, doctors noticed diphtheria lesions in the throats of children who did not actually contract the disease. This led to the creation of an explanation that people in whom the disease was “dormant” were “carriers.” So, these “disease carriers” – formerly known as healthy children – were targeted as a partial cause of the epidemic. In order to eliminate the imagined threat of exposure to people who harbor the germs, but don’t have the disease, it was considered necessary to vaccinate the entire “herd.”

The herd immunity concept is used to explain how vaccinated people can still contract the disease, since a critical mass of the population is not immune because they have not been vaccinated. The idea is that if 95% or more of the population can be “immunized” to an infectious disease via vaccination, the disease will be eradicated or controlled. Despite these claims, there is little proof that vaccines are responsible for eradicating diseases even when “herd immunity” vaccination levels are reached. Recent outbreaks of common diseases like measles are evidence of this.

According to Russell Blaylock, M.D., “In the original description of herd immunity, the protection to the population at large occurred only if people contracted the infections naturally. The reason for this is that naturally-acquired immunity lasts for a lifetime. The vaccine proponents quickly latched onto this concept and applied it to vaccine-induced immunity. But, there was one major problem – vaccine-induced immunity lasted for only a relatively short period, from 2 to 10 years at most, and then this applies only to humoral immunity. This is why they began, silently, to suggest boosters for most vaccines, even the common childhood infections such as chickenpox, measles, mumps, and rubella.” (www.russellblaylockmd.com)

Along with the growth of interest in herd immunity, there has been a proliferation of views of what it means or even whether it exists at all. There is still a fair amount of scientific debate in which some researchers have written, particularly with respect to data on measles, challenging the concept of herd immunity. Other researchers make wide-ranging estimates, from 70 to 95%, of the threshold required for herd immunity to take place for disease eradication.

An under-vaccinated public is sometimes said to be the problem with disease epidemics, but more might not be better. Vermont declared a statewide epidemic of whooping cough that started in 2012 and continued into the year 2013. There were a total of 612 confirmed cases of pertussis of which 90% were vaccinated with the TDaP vaccine. The *New England Journal of Medicine* released a study that paralleled this outbreak showing that among the confirmed cases of whooping cough the majority of them, 80%, had received multiple TDap vaccinations – with the most receiving 5 or 6 doses.

Furthermore, there is new evidence that exposure to a pathogen is not the only way a healthy immune system develops immunity to its pathogenicity. Immunity develops in ways that are still mysterious to the scientific community.

Fine P, "Herd immunity: history, theory, practice," Epidemiology Reviews 15, 265-302 (1993); Klock L, Rachelefsky G, "Failure of rubella herd immunity during an epidemic," New England Journal of Medicine 288, 69-72 (1973); Su L, Kidd B, Han A, Kotzin J, Davis M, "Virus-Specific CD4⁺ Memory-Phenotype T Cells Are Abundant in Unexposed Adults," Immunity Volume 38, Issue 2, 373-383, 07 February 2013; Klein N, M.D., Bartlett J, Rowhani-Rahbar A, Fireman B, Baxter R, "Waning Protection after Fifth Dose of Acellular Pertussis Vaccine in Children," New England Journal of Medicine 2012; 367:1012-1019 September 13, 2012 DOI: 10.1056/NEJMoa1200850.

One Man's Meat ...

Biological individuality plays a role just as it does in every aspect of medicine and with every substance ever used for therapeutic purposes. Look at the *Physicians' Desk Reference*, a huge tome filled with hundreds of pages on how we all react individually to all drugs, underscoring the unpredictability of "side effects." We know from epigenetic science that our genes are not our destiny. Dr. Suzanne Humphries, a physician and educator on vaccination, refers to vaccinating infant immune systems as dropping "little cluster bombs" that can eventually

“explode into a big problem.” She cites a study by Nikolaj Orntoft, in which African girls were injected with a tetanus vaccine to see which genes might be up-regulated or down-regulated. What they found is that there is really no way to predict which genes will be affected. (www.dr.suzanne.net) So, not only will each individual have a unique response to any given vaccine, we're also epigenetically predisposed to respond differently. Cancer genes, genetic tendencies to autoimmune diseases, or genes related to any other pathological cellular disease could be activated.

Orntoft N, Thorsen K, et al., “Leukocyte transcript alterations in West-African girls following a booster vaccination with diphtheria-tetanus-pertussis vaccine,” Scandinavian Journal of Clinical and Laboratory Investigation (Impact Factor: 1.38), 5/2013. DOI: 10.3109/00365513.2013.783229.

The Cure for Measles Mortality

This year, thousands of children in Afghanistan will die from measles; they are among the quarter million of children worldwide who die annually from this disease, a tragic situation that is at least improving. We need to encourage pharmaceutical companies to inform people that mortality from measles in Third-World children can be eliminated or dramatically reduced by two simple doses of Vitamin A. Studies funded by WHO and UNESCO have shown that mortality from measles can be practically eliminated by supplementing this vitamin in two doses. This has been known since the 1930s and there is ample evidence that this nutritional supplement can save innocent lives, even in the worst of hygienic conditions.

Centers for Disease Control. Measles-United States, 1990, MMWR. 1991;40:369-372; Olson J, “Vitamin A, retinoids, and carotenoids,” In: Shils M, Young V. eds. Modern Nutrition in Health and Disease, Philadelphia, PA: Lea and Febiger; 1988:292-312; Barclay A, Foster A, Sommer A, “Vitamin A supplements and mortality related to measles: a randomized clinical trial,” British Medical Journal

1987;294: 294-296;1993;91;1014; Committee on Infectious Diseases, "Vitamin A Treatment of Measles," *Pediatrics* Vol. 91 No. 5, May 1, 1993, pp. 1014 -1015, Online version at <http://pediatrics.aappublications.org/content/91/5/1014>;

Coutsoudis A, Kiepiela P, Coovadia H, et al., "Vitamin A supplementation enhances specific IgG antibody levels and total lymphocyte numbers while improving morbidity in measles," *Pediatric Infectious Disease* 1992;11:203-209; Markowitz I, Nzilambi N, Driskell W, et al., "Vitamin A levels and mortality among hospitalized measles patients, Kinshasa, Zaire," *Journal of Tropical Pediatrics* 1989;35:109-112; Ellison J, "Intensive vitamin therapy in measles," *British Medical Journal* 1932;2:708-711; Hussey G, Klein M, "A randomized, controlled trial of vitamin A in children with severe measles," *New England Journal of Medicine*; 1990;323:160-164; Coutsoudis A, Broughton M, Coovadia H, "Vitamin A supplementation reduces measles morbidity in young African children: a randomized, placebo-controlled, double-blind trial," *American Journal of Clinical Nutrition* 1991; 54:890-895.