



Measles Outbreak Exposes National Security Readiness Problems and False Narratives

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Abstract

The corporate proponents of vaccine products are promoting their use to the U.S. Government as a tool for promoting national security. There are quite a few factors that make these claims dubious at best. Among the accumulating evidence that national security claims for vaccines are over reaching are the following developments. First, the measles vaccine does not provide lifelong immunity. When the shot "wears off" after a number of years, the victim may get adult measles, which is actually more dangerous than childhood measles. The vaccine itself contains live virus particles which lead to "asymptomatic" (and unknown) infection, which in itself can be a threat to public health. Here we begin to separate biological facts from corporate fiction. **Copyright** © **The Author** - Published Under the Creative Commons License **ShareAlike** (See <https://creativecommons.org/licenses/>)

Keywords

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US exist who desire to harm American citizens by any manner possible. Images of trucks traveling through major metropolitan areas misting the air with bioterrorism weapons are enough to make any parent shudder and keep Homeland Security policy makers awake at night. Recently, former Sen. Joe Lieberman and former Homeland Security Secretary Tom Ridge offered their views in USA Today that the measles cases in the US represent a national security threat. Citing H1N1 flu as a previous example of a deadly disease that provided a past scare, they refer to the measles as the current deadly disease.

1. Measles as National Security

The US military intelligence and Homeland Security community is surely aware that enemies of the

2. Measles is a Nuisance not a Plague

While their concerns over bioterrorism and national security are warranted, their hyperbole over measles morbidity and mortality is unfounded. According to CDC, the US had 450-500 deaths per year prior to 1960, in a population of 180,000,000 citizens. We had 4,000,000 cases per year. Any of those citizens who experienced measles and survived developed lifelong immunity. This contrasts with people vaccinated against measles with the MMR who now face news that as adults, they, too, might “need” an MMR booster. The US believes they are dependent on Merck to save us from measles and mumps – and to the extent the previously vaccinated require boosters for bouts of temporary immunity of increasingly short duration, the dependency is a construct, created by trust given to a corporation who has betrayed the public health trust time and again, with 55,000 fraud-based deaths from Vioxx.

3. Profits, not Public Service

Why is there only one measles vaccine in the US, and why does the Lieberman/Ridge narrative ring hollow? In my view, they have missed their mark completely by portaying the measles infections as a threat to national security in part because measles is not a deadly disease in the US. But more importantly, as I tweeted out last month, the fact that the entire recently vaccinated crew of a Navy ship (The USS Fort McHenry) is still quarantined at sea after her crew developed paratoditis – mumps in all but name – means that the MMR vaccine itself may be a serious threat to national security (this point was seconded by Robert F. Kennedy, Jr). [1] In reality, every jab creates another patient (civilian or otherwise) dependent on future vaccination for their immunity, and there are signs of waning efficacy due to mutations that occur every year in both the wild type measles and mumps viruses and in the vaccine type, propagated by serial passages in cell lines. The evidence is all around us: outbreaks of mumps and measles in highly vaccinated populations, evidence of asymptomatic infection

and transmission of both viruses and the pertussis bacterium, pointing to the vaccinated as unknowing reservoirs of wild-type pathogens which cannot be eradicated due to the use of mismatched vaccines that make wild-type infections silent in some, and more deadly to others. The fact is that the US has no readiness plan to deal with waning vaccine efficacy of aging vaccines other than more increasingly futile boosters. And that is no plan at all.

4. The Whole-Cell Pertussis Encephalopathy Disaster

The horrific encephalopathy in newborns reported following whole-cell pertussis vaccination that led to the development of acellular pertussis vaccines was later denied by a false narrative of “unsubstantiated reports” and “rumors”. For vaxtremists, only issues detected with epidemiological studies occur – and even when no such has been conducted, the absence of evidence carries the same weight as a gold standard double-blinded prospective randomized clinical trial. This habit is unscientific and unacceptable. None the less, medical historians have made great efforts in documentation of the whole-cell pertussis disaster. Figure 1 is a timeline stylized from Howson. [2] It clearly details and references adverse reactions dating from 1947 associated with the whole-cell pertussis vaccine. Even with documentation originating very early, production of multiple vaccines continued for over a decade before the “whole-cell” version of the vaccine is finally withdrawn and replaced with the current “acellular” vaccine. None the less, the “whole-cell” pertussis vaccine was destined to make its modern return in Brazil.

5. The Marketing of Fear

The fact is that the Lieberman/Ridge analysis is shallow because even a minor scratch beneath the surface shows a repeated pattern of the use of fear and exaggerated threats to maintain a multi-billion dollar governmental complex via which corporations routinely access billion dollar contracts. Since CDC and health departments are unwilling to pro-

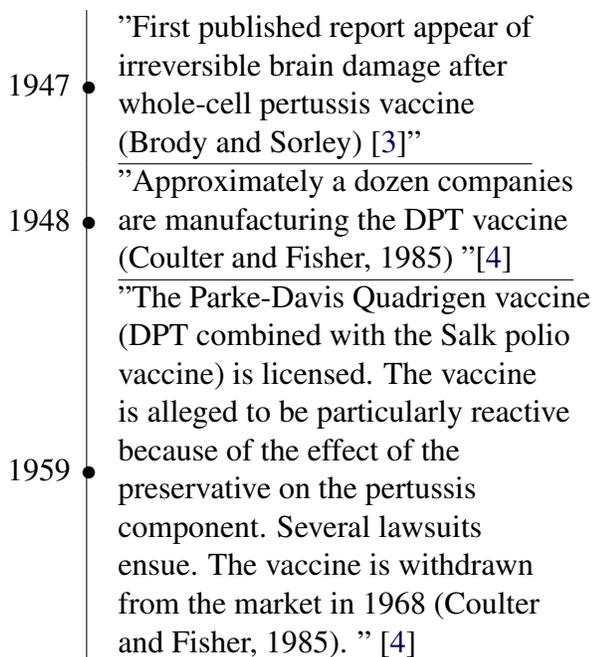


Figure 1. Timeline of whole cell pertussis failure taken from narrative in Howson [2]

vide full-spectrum public health policies founded on Science instead of shallow, one-note songs that lead inevitably and singularly to more vaccinations, the agenda is to use a cynical paternalism to induce an expectation of widespread unquestioning compliance for the eventuality of a bioterrorism attack.

The problem with this approach is found in its cynicism. Most vaccine refusal is derived from religious objections to the practice and to the manifestation of ill effects of vaccines that occur in some people which, in spite of the CDC’s best effortd, are now impossible to deny. The awkward, ineffectual and legally questionable practice of government induced – and possibly coerced – censorship of discussions of vaccine risk on social media has only served to increase distrust of government public health policies, compounding the mistrust derived from vaccine injury and death denialism amidst the growing recognition of flaws and alleged fraud in vaccine safety studies.

6. Asymptomatic Infection

If maintaining bioterrorism readiness is to be used to motivate support for increasingly extreme vaccination policies, which re: measles includes no

plan to deal with subclinical infections and asymptomatic transmission, nor any plan to accommodate those who will be injured, then certainly a fair and salient question is how much of the billions bilked from the US Treasury for an unnecessary Zika vaccine is being used to create readiness for a recombined Frankenstein bioweapon? Where was US readiness in 2014 and 2015 during the largest Ebola outbreak in history? The lack of readiness was then, is now and will be attributable to a private industry that has captured public agencies, has hijacked Congress, and that has dictated massively profitable agendas that have alienated and disenchanted much of the US public. I and others have been calling for safer vaccines and have laid out a clear path to renewing the public trust. These voices do not care to perpetuate contracts for Merck, GSK, or other vaccine developers. We care about accountability and product improvement, which are impossible without product liability.

7. Summary

Vaccine injury and death denial-based policies have failed, and mandates without exemptions designed to mask transmission chains will only serve to increase vaccine risk awareness and will further fuel mistrust of vaccine-centric public health policies in the US and abroad. Attempts to sustain public support for vaccination-based public health policy based on gross exaggerations of risks to childhood illnesses is irresponsible because it will likely backfire and reduce the public’s confidence in calls to action when national security is a under sincere and credible imminent threat.

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