

# Measles Mortality Rates: The Efficacy and Safety of Vaccines. Role of The Medical Establishment

By [Dr. Gary G. Kohls](#) and [David Brownstein](#)

Global Research, May 22, 2017

Region: [USA](#)

Theme: [Science and Medicine](#)

*“During the last 10 years, there has been one death from measles, but that patient was an adult woman who was on immunosuppressive medications and had other serious health problems. (But between) 2000 and 2017, there were 156 deaths related to the MMR vaccine.” - **David Brownstein, MD** - Holistic Family Practitioner*

*“Up to 90% of the total decline in the death rate of children between 1860-1965 because of whooping cough, scarlet fever, diphtheria, and measles occurred before the introduction of immunisations and antibiotics.” - **Archie Kalokerinos, MD***

*“According to the records of the Metropolitan Life Insurance Company, from 1911 to 1935 the four leading causes of childhood deaths from infectious diseases in the U.S.A. were diphtheria, pertussis, scarlet fever, and measles. However, by 1945 the combined death rates from these causes had declined by 95% before the implementation of mass vaccine programs.” - **Harold Buttram, MD***

Critical thinkers and knowledgeable readers who have no ulterior motivation to blindly promote current over-vaccination agendas will agree that the Somali parents who have witnessed the devastating epidemic of Autistic Spectrum Disorders decimate so many of their children since coming to Minnesota, made a wise choice in refusing MMR vaccinations.

The Somali community has seen an alarming incidence of ASD (currently 1 out of every 32 of their children are afflicted, the worst prevalence rate in any Minnesota demographic group, even exceeding the 1 out of 48 among the fully vaccinated white male children in Minnesota). Recall that concurrent with the alarming epidemic of ASD was a dramatic increase in live virus vaccines, mercury-containing vaccine and aluminum-containing vaccines. The incidence of ASD before 1986 (when the vaccine industry was exempted from liability for vaccine deaths or injuries) was 1 in every 10,000 Minnesotan children and the rate went to 1 out of 68 by the time the number of antigens injected routinely into Minnesotan children went from a dozen or so to upwards of 80!

Something more than coincidence is at work. As noted vaccine researcher **Dr Christopher Shaw** has stated:

*“Parents refusing to vaccinate according to the recommended CDC schedule are supported by the science.”*

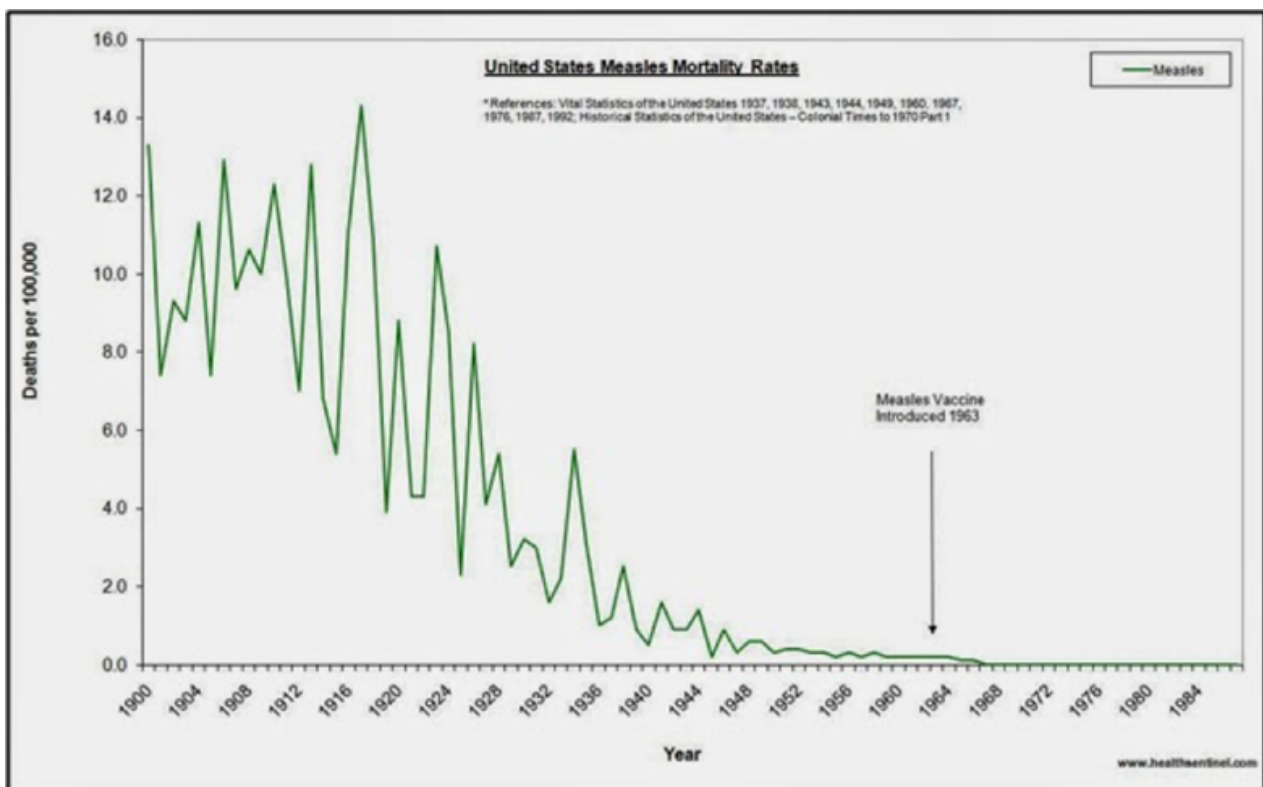
Somali children never came down with autism in their native land. It was only after they became war refugees and emigrated to Minnesota and started accepting CDC- and Minnesota Department of Health-mandated MMR live virus-containing vaccinations (often

combined with mercury-containing and aluminum-containing vaccinations) that the epidemic devastated the community.

By refusing the MMR, they were accepting the risk of acquiring benign measles infections but they were decreasing the risk of allowing their children to acquiring the dreaded (likely vaccine-induced) autism that would ruin their lives forever. Their decision makes imminent sense and they should be applauded instead of vilified.

At least now their temporarily measles-afflicted children will be immune for life from that normally benign disease. Everybody else has to get periodic “booster” shots that only temporarily enhance one part of the immune system: **serologic immunity**. Vaccination actually impairs the equally important cellular immunity that makes the vaccinated more susceptible to illnesses in several other ways, including contracting autoimmune disorders. The lucky 50 or so who got the wild-type measles will not have to worry about becoming permanently sickened from MMR-related chronic illnesses.

Below is an important chart to ponder:



The chart above tells us that the lethality of measles outbreaks had already declined to near zero years and decades before a measles vaccine was introduced into the US in 1963.

And yet the CDC, the FDA, the AMA, the AAFP, the AAP and the mainstream media have been deceiving us when they claimed over and over again that vaccines were the reason that benign - and ubiquitous - childhood illnesses such as measles were eliminated as the deadly diseases that they occasionally had been in the distant past.

The truth is that those above-mentioned vaccine-selling groups (who have increasingly been in bed with giant pharmaceutical corporations like Merck and GlaxoSmithKline since the 1950s [who are now their serious paymasters]) have deceived us by not giving credit to the real reasons for the decline in the lethality of common childhood viral illnesses such as

measles, diphtheria, whooping cough and scarlet fever: **improved nutrition, improved sanitation, improved access to refrigeration and improved understanding of epidemics.**

There are similar graphs that also show the declining incidence of diphtheria, mumps, whooping cough and chickenpox that occurred before vaccines were introduced! It is useful to note that scarlet fever declined in a similar fashion and **there never was developed a scarlet fever vaccine** that was introduced by public health entities.

Shame on the CDC and Big Pharma for their acts of deception! Recalling the truism that says:

“Fool me once, shame on you; fool be twice, shame on me”, how can we ever trust them again?

All of us obedient - and frequently duped - blind believers in whatever authoritarian “experts” like the CDC say, need to wise up and do our own research that is independent of entities that have ulterior motives (especially economic ones such as in the case of corporate-controlled Big Government, Big Medicine, Big Pharma, Big Vaccine, Big Media, Big Finance, etc).

It is also important to study the unbiased research literature that reveals that measles (or more accurately “measles-like”) outbreaks can occur among fully vaccinated individuals (such as occurred in the infamously deceptive Disneyland outbreak last year that freaked out so many people to rush to get their boosters - a windfall for Big Pharma and Big Medicine - and the CDC).



Source: AFP

Honest research will reveal that the live measles virus in the MMR vaccine can actually cause a generalized rash, fever, malaise and measles-like symptoms, but also contagion, inflammatory bowel disorders and neurodegenerative disorders.

Not only that, but the live mumps virus that is also in the MMR inoculum can cause encephalitis and any number of chronic neurological illnesses, including autism. There are also many examples of clusters of measles and mumps outbreaks over the past few decades in fully vaccinated individuals - a reality that **no** TV “medical experts” or health journalists ever mention when they try to freak out the public to get their “booster shots”.

Read this important item about the measles vaccine from [vaccine expert, physician, scholar and author, Dr Suzanne Humphries](#); and watch her many well-documented videos and other informative videos that are also on YouTube, starting with this one:

<https://www.youtube.com/watch?v=frCcvw3yy98>.

And then listen to the powerful testimony from the slandered Dr Andrew Wakefield himself, who was infamously smeared by GlaxoSmithKline (the makers of Britain’s dangerous MMR vaccine) and the media mogul Rupert Murdoch’s mercenary journalist Brian Deer, who eventually, through a relentless series of Big Lies, managed to get Dr Wakefield de-frocked

and exiled to the United States, much to the delight of the sociopathic corporations who benefitted from the “neutralization” of Wakefield and his truths (or so they thought).

The interview is at:

<http://articles.mercola.com/sites/articles/archive/2010/04/10/wakefield-interview.aspx>.

Honest listeners will be appalled at how the mainstream media has refused to do its independent investigative journalism and instead has blithely gone along with the libel and slander of an honorable physician and researcher that shined a light on an unwelcome truth: that there is a tight connection between the live measles virus in Glaxo’s MMR inoculum and severe inflammatory bowel disorders in severely afflicted autism patients, who only became autistic and started suffering with abdominal pain and diarrhea after their MMR shots.

\* \* \*

### **[The Somali Measles “Epidemic” in Minnesota and The Brady Principle](#)**

**Dr. David Brownstein** - Holistic Family Practitioner - May 17, 2017

Somehow, a measles outbreak of unvaccinated Somali citizens in Minnesota is supposed to drive a stake in those of us who raise questions about the safety and efficacy of FDA-approved vaccines. According to the powers-that-be, this outbreak of measles is proof that we need more vaccinations, not less.

I beg to differ. And, I will make my argument citing the Brady principle. I am sure most adults over the age of 50 are very familiar with the Brady Principle.

For those unfamiliar, let me provide you with the information you will need to understand the Brady Principle.



Source: Playbuzz

From 1969-1974, the Brady Bunch ran weekly as a sitcom. I watched every episode and can still recall most of them. The Brady Principle refers to the episode where all six Brady kids became ill with the measles. What happened to the Brady kids? They stayed home from school, played Monopoly, and Alice cooked for them, and they recovered from the measles infection.

During the episode, Marsha Brady stated,

“If you have to get sick, sure can’t beat the measles.”

The Brady Principle would indicate that measles is not a dangerous disease for most who become ill from it. When I was a child, measles was treated as an illness similar to chickenpox; most children became ill with these childhood diseases and most recovered uneventfully. Back then, measles and chickenpox were not feared illnesses in the U.S.

Back to the Brady’s. The good news for the Brady kids, and the Somali children, is that they will have life-long immunity from measles. And, the female Brady children (Marsha, Cindy,

and Jan) passed their immunity on to their children so that their newborn children would not become ill if there was a measles outbreak. However, this is not the case with vaccinated children as the measles vaccine does not provide life-long immunity and it does not provide antibodies to their newborn children to protect them during a vulnerable time in their lives.

The pro-vaccine cartel is screaming that the Somali measles epidemic is an example of why we need more vaccines.

They are wrong.

Yes the measles vaccine is successful at lowering the incidence of measles. However, this creates a vaccinated population that does not have life-long immunity to a fairly benign illness. Yes, measles can be associated with severe adverse effects and even death. So can the measles vaccine. During the last 10 years, there has been one death from measles, but that patient was an adult woman who was on immunosuppressive medications and had other serious health problems. (1) I performed a search on the Vaccine Adverse Event Reporting System (VAERS) and found that from 2000 to 2017, there were 156 deaths related to the MMR vaccine.

Somali mothers were not too familiar with autism when they came to the U.S. An article in the Globe and Mail quotes a Somali mother stating,

“In Somalia, we had kids with Down syndrome and cerebral palsy. But nobody had ever heard of autism,” Ms. Hassan recalls. “And believe me, it’s not something you can hide.”

In the article, Somalis are calling autism the “western disease” or the “vengeance from abroad.” (2) Approximately 40 years ago, autism rates in Africa were reported to be much lower than the U.S. (3)

However, things changed quickly for Somali parents when they came here and started raising their children. The autism rate in Somali children in Minnesota came to the forefront in 2008-2009 when a Minnesota Department of Health study found that Somali preschoolers, when compared to other children, were two to seven times more likely to receive autism services from the Minneapolis school system. (4)

The Somali mothers apparently felt that their children were being affected by the MMR vaccine and began to decline the vaccination. The Somali mothers should have been concerned about the relationship between the MMR vaccine and autism as this was reported by a senior CDC scientist nearly three years ago. (5) The CDC scientist has claimed whistleblower status as he has stated, under oath, that the CDC destroyed, hid and falsified data that showed a clear link between the MMR vaccine and autism. And, the altered CDC data revealed that the most affected group of children were African American boys.

Now you can see why some Somali mothers were concerned and chose not to vaccinate. What parent would subject their child to a medical procedure knowing that it could cause a life-long neurological injury in order to prevent a relatively benign illness for the vast majority who become ill with it?

Folks, saying vaccines are safe and effective does not make it so. Repeating this line over and over does not make it so.

There is nothing wrong with questioning vaccine safety. There is nothing wrong with wanting vaccines to be properly studied for the safety and effectiveness-which has not been done. And, if a parent decides that their child is not going to be vaccinated, there is nothing wrong with that as well.



Source: Daikhlo

There is something wrong when parents are vilified for trying to make the best medical decisions for their children. In the case of the MMR vaccine, we may have less measles and less measles-associated problems, but we may have other unintended conditions.

Our children are the least healthy when compared to other Western countries. Our children are the most vaccinated. Where is the data that more vaccines are going to help them?

It is time to let your Congressperson know your thoughts on these issues. Jason Chaffetz, who chairs the Office of Government Reform has been aware of the CDC whistleblower for nearly three years now. It is up to him to call a Congressional hearing to investigate the whistleblower's claims. Mr. Chaffetz refuses to do so. I was happy to hear he will not seek reelection as we do not need more Congressmen like Mr. Chaffetz. We already have enough Congressmen and women who do nothing.

What can you do? Call the Office of Government Reform (OGR) and demand a hearing on the CDC whistleblower. The OGR can be reached here: 202.225.5074. I have been calling on a frequent basis for nearly three years. I can assure you that the OGR staffers neither like hearing my voice nor do they like speaking with me. Tell the OGR to call a hearing on the CDC whistleblower after you ask them why they have not acted on this matter before.

Make your views heard. We already have over a million U.S. children with autism. This is a new phenomenon. Something is causing this epidemic increase. If it is vaccine related and we do nothing, our Republic may not survive.

**Dr Kohls** is a retired physician from Duluth, MN, USA. In the decade prior to his retirement, he practiced what could best be described as "holistic (non-drug) and preventive mental health care". Since his retirement, he has written a weekly column for the Duluth Reader, an alternative newsweekly magazine. His columns mostly deal with the dangers of American imperialism, friendly fascism, corporatism, militarism, racism, and the dangers of Big Pharma, psychiatric drugging, the over-vaccinating of children and other movements that threaten American democracy, civility, health and longevity and the future of the planet. Many of his columns are archived at

[http://duluthreader.com/search?search\\_term=Duty+to+Warn&p=2;](http://duluthreader.com/search?search_term=Duty+to+Warn&p=2;)

[http://www.globalresearch.ca/author/gary-g-kohls;](http://www.globalresearch.ca/author/gary-g-kohls) or at

<https://www.transcend.org/tms/search/?q=gary+kohls+articles>

The original source of this article is Global Research  
Copyright © [Dr. Gary G. Kohls](#) and [David Brownstein](#), Global Research, 2017

---

[Comment on Global Research Articles on our Facebook page](#)

[Become a Member of Global Research](#)

Articles by: [Dr. Gary G. Kohls](#) and [David Brownstein](#)

**Disclaimer:** The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: [publications@globalresearch.ca](mailto:publications@globalresearch.ca)

[www.globalresearch.ca](http://www.globalresearch.ca) contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: [publications@globalresearch.ca](mailto:publications@globalresearch.ca)