

Mumps Being Spread by and Among Vaccinated People

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Vaccines are a very lucrative business. Pfizer's vaccine Prevnar, which targets 13 strains of pneumococcus bacteria, generated \$6.25 billion in revenue last year. And that's just one [vaccine.1](#)

Even ineffective vaccines allow vaccine makers to make a mint. One of the most obvious vaccine failures is the mumps vaccine (part of the measles, mumps, rubella, aka MMR).

Again and again, outbreaks among vaccinated populations occur, yet rarely is the truth of the situation addressed, namely the fact that the vaccine is ineffective and doesn't work as advertised.

In 2010, two virologists filed a federal lawsuit against Merck, their former employer, alleging the vaccine maker engaged in improper testing and data falsification to artificially inflate the efficacy rating of their [mumps vaccine](#).

For details on how they allegedly pulled this off, read Dr. Suzanne Humphries' excellent summary,[2](#) which explains in layman's terms how the tests were manipulated.

Just about every media outlet reported the lawsuit, and the hundreds of millions of dollars Merck was said to have defrauded from the U.S. government by selling a vaccine of questionable effectiveness.

As reported by Reuters[3](#) last year, Merck's behavior in and of itself suggests they're trying to cover up fraud:

"Attorneys at Constantine Cannon, who represent the scientists, asked U.S. Magistrate Judge Lynne Sitarski of the Eastern District of Pennsylvania to compel Merck to respond to their discovery request, which asks the company to give the efficacy of the vaccine as a percentage.

Instead of answering the question, the letter said, Merck has been consistently evasive, using 'cut-and-paste' answers saying it cannot run a new clinical trial to determine the current efficacy, and providing only data from 50 years ago.

'Merck should not be permitted to raise as one of its principal defenses that its vaccine has a high efficacy, which is accurately represented on the product's label, but then refuse to answer what it claims that efficacy actually is,' the letter said."

So why are people still surprised when mumps outbreaks occur? And why are the

unvaccinated still blamed for most disease outbreaks, even when most of the infected are vaccinated?

Vaccinated People Are Spreading the Mumps

Recently, 41 students at Harvard University came down with mumps and, according to the Public Health department in Cambridge, every single one of those students had been vaccinated.[4](#)

Four other campuses in Boston are also starting to see cases, as have four universities in Indiana. About 13 cases of mumps have also cropped up in California.

One ridiculous explanation offered by Dr. Amesh Adalja, an infectious-disease specialist at the University of Pittsburgh Medical Center's Center for Health Security, is that the vaccine only works if the exposure to the virus is low; it can't be expected to work if there are high amounts of exposure, such as in dorms:[5](#)

“The exposure that they have to mumps is so high in these situations that it overcomes the ability of the vaccine to protect them,” Adalja told Live Science. “It may be that, in these special situations, a much higher level of antibodies [against mumps] is needed to keep the virus at bay.”

In 2009, more than 1,000 people in New Jersey and New York contracted the disease. At the time, questions arose about the effectiveness of the vaccine because 77 percent of those sickened were vaccinated.

A similar scenario occurred in 2006, when mumps infected more than 6,500 people in the U.S. Most of those cases also occurred among the vaccinated population, primarily among college students who had received *two* doses of MMR vaccine.

Now, if a vaccine is indeed highly effective, and avoiding the disease in question is worth the risk of the potential side effects from the vaccine, then many people would conclude that the vaccine's benefits outweigh the risks.

However, if the vaccine is *ineffective*, and/or if the disease doesn't pose a great threat to begin with, then the vaccine may indeed pose an unacceptable risk. This is particularly true if the vaccine has been linked to serious side effects.

Unfortunately, that's the case with the [MMR vaccine](#), which has been linked to at least 98 deaths and 694 disabilities between 2003 and 2015. Considering the fact that only 1 to 10 percent of vaccine reactions are ever reported, those numbers could actually be closer to 980 deaths and 6,940 disabilities.

Meanwhile, death from mumps is “exceedingly rare” according to the CDC,[6](#) and no one has died from mumps during any of the recent outbreaks.

The Myth of Vaccine-Generated Herd Immunity

[Download Interview Transcript](#)

Vaccine promoters typically stress the importance of compliance with the federally recommended vaccine schedule in order to create and maintain vaccine-induced “herd immunity.” This may require multiple doses of certain vaccines, the MMR included, because no vaccine is 100 percent effective.

However, they never quite seem to be able to explain why the majority of outbreaks occur in areas that are thought to HAVE herd immunity status, i.e. where the majority of people are fully vaccinated and “should” therefore not be able to be infected or transmit infection.

The problem stems from a mix-up of terms. While there *is* such a thing as natural herd immunity, vaccine-induced herd immunity is a total misnomer. Vaccine makers simply assumed that vaccines will work in the same way as natural immunity, but the science clearly shows that this is not the case.

Vaccination and exposure to a given disease produce two qualitatively different types of immune responses. To learn more, I urge you to listen to the video above, in which Barbara Loe Fisher, co-founder and president of the National Vaccine Information Center (NVIC), discusses the concept of herd immunity. As explained by Barbara:

“Vaccines do not confer the same type of immunity that natural exposure to the disease does ... [V]accines only confer temporary protection ... In most cases natural exposure to disease would give you a longer lasting, more robust, qualitatively superior immunity because it gives you both cell mediated immunity and humoral immunity.

Humoral is the antibody production. The way you measure vaccine-induced immunity is by how high the antibody titers are. (How many antibodies you have.) The problem is, the cell mediated immunity is very important as well. Most vaccines evade cell mediated immunity and go straight for the antibodies, which is only one part of immunity.”

Ineffective Vaccines May Pose an Unacceptable Health Risk

In essence, vaccines are designed to *trick* your body’s immune system into producing the antibodies needed to resist any future infection. However, your body is smarter than that.

The artificial stimulation of your immune system produced by lab-altered killed bacteria or an attenuated live virus is not the same as your body experiencing a natural viral or bacterial infection, which may or may not make you clinically ill but will confer a longer lasting immunity compared to vaccine acquired artificial immunity that is qualitatively inferior and far more temporary.

So the question is, is it well-advised to protect children against a large number of infectious diseases early in life through *temporary* artificial immunity from vaccines, or might they be better off contracting certain contagious infections in childhood, thereby attaining longer lasting natural immunity that may even last them for the rest of their lives?

And, do vaccine complications ultimately cause more chronic illness and death than infectious diseases do? In the case of the MMR vaccine, this question seems particularly pertinent. While there are 98 reports of death following vaccination between 2003 and 2015, only one child has died from acute measles complications in the decade between

2005 and 2015.[7](#)

Democrats Seek Taxpayer Money for Zika Vaccine



While millions suffer from [government subsidized diseases](#) caused by obesity and diabetes, and tens of thousands die from prescription [opioids](#) and antibiotic-resistant diseases — all of which stem from ill-advised government policies, the White House is now seeking \$2 billion of your tax dollars to create yet another vaccine, this time against the Zika virus, just like they did for bird flu, [swine flu](#), SARS, and so many other very profitable false alarms. According to The Daily Caller:[8](#)

“Democrats in Congress and the White House say they’re convinced the virus could wreak havoc in the U.S. if the nearly 2 billion dollars isn’t appropriated right now to keep the virus from spreading ...

The proposal would direct the bulk of the funds to the Department of Health and Human Services, and a much smaller portion to the U.S. Agency for International Development and the Department of State, to fund increased research on the virus, development of a vaccine and an effort to control mosquito populations.”

The problem is, while the [Zika virus](#) transmitted by mosquitoes was originally blamed for reports of microcephaly among infants born in Brazil, it quickly became apparent that Zika was among the *least* likely contributors to this birth defect. The Brazilian government also admitted that overly generous parameters resulted in dramatic over-reporting of the condition.

As details started emerging, it became clear that a number of environmental factors could be at play — all of which were far more convincing than the Zika virus. Yet our politicians are still pandering this fear mongering in order to continue lining the chemical and pharmaceutical industries’ pockets.

Is Zika Virus Really Responsible for Birth Defects?



For starters, large amounts of banned pesticides are in use in the area where most of the microcephaly cases have occurred in Brazil.[9](#)^{10.11} This includes heavy regional use of the pesticide Atrazine. According to research[12](#) published in 2011, small head circumference is one potential side effect of prenatal Atrazine exposure.

Lack of sanitation and widespread vitamin A and zinc deficiency are also potential

contributing factors to microcephaly increases in Brazil. Vitamin A deficiency has actually been linked to an increased risk of microcephaly *specifically*,[13](#)¹⁴ and zinc is known to play an important role in the structure and function of the brain.[15](#) Even the U.S. Centers for Disease Control and Prevention (CDC) lists malnutrition and exposure to toxic chemicals as two of the three known risk factors for microcephaly.

A report[16](#)¹⁷ by an Argentine physician's organization called Physicians in the Crop-Sprayed Towns also challenges the theory that Zika virus is responsible for the microcephaly cases in Brazil. They point out that a chemical larvicide that causes malformations in mosquitoes (pyriproxyfen) has been applied to the drinking water in the most seriously affected area of Brazil.

Pyriproxyfen, which has been linked to birth defects, is manufactured by Sumitomo Chemical, a Japanese subsidiary of Monsanto, and has been used in a state-controlled program to eradicate mosquitoes.

Imidacloprid, a neonicotinoid, has also been shown to produce skeletal malformation[18](#)¹⁹ and, as it turns out, Brazil lifted its ban on aerial spraying of neonicotinoids in October 2012, right around the time the women who gave birth to infants with microcephaly would have become pregnant.[20](#)

Addressing these human health issues would mean taking a long hard look at the use of toxic chemicals contaminating the environment, and coming up with more rigorous restrictions on what chemical companies are allowed to pander.

Instead, the government turns a blind eye to the obvious, and comes up with a plan to *increase* the use of chemicals, both internally and externally, in the form of vaccines and mosquito treatments. In my view, this is a highly irrational decision. It's also a dead giveaway that public health is not their primary focus.

Chinese Parents Question Vaccine Safety

In China, where government mandated mass vaccination programs are a more recent intervention, suspicions about vaccine safety have grown rather quickly, and many parents, whose children have been injured by vaccines, have taken to the streets in ongoing protests. Dong Xiaoxin, whose 4-year-old daughter contracted polio after receiving a polio vaccine, spoke to an NPR reporter, saying:[21](#)

“Our daughter has made a great sacrifice for the nation's inoculation program, and we're not afraid to fight for the legal rights she deserves. We had no idea that vaccines could produce this kind of result. We felt that any vaccination given by the state had to be a good thing. We were completely unprepared. The state needs to provide us parents with some sort of safeguard. Only then can parents feel assured and fully trust the government.”

In her book “[Dissolving Illusions: Disease, Vaccines, and the Forgotten History](#),” Humphries addresses the polio vaccine specifically, noting that through her research, she became convinced that the polio vaccine had very little if anything to do with the eradication of polio.

In fact, the successful “eradication” of this disease was accomplished by changing the diagnostic criteria of the disease. What’s worse, the initial vaccine actually led to more cases of paralysis than would have developed naturally.

To save the vaccine, they had to make it appear as though it was working, even though it was causing more problems than it solved. The answer they came up with was to change the diagnostic criteria. The original criterion was two examinations within 24 hours. This was changed to two examinations within 60 days. This artificially decreased the polio rate, because within 60 days, most people recover from their bout with poliomyelitis.

They also began using serological testing, and if the polio virus was not found, the patient was not considered to have polio. Since then, virtually every type of polio vaccine has had some kind of issue, including the propagation of mutated strains of the polio virus.

In 1999, when public health officials admitted that the *only* polio cases in the U.S. were vaccine-induced, there was a switch from the live oral polio vaccine that can cause vaccine strain polio paralysis to the inactivated, injectable polio vaccine that cannot. However, in some developing countries the oral polio vaccine is still used and those vaccinated can become silent carriers of a highly virulent strain of polio that can infect others and cause paralysis.

Protect Your Right to Informed Consent and Defend Vaccine Exemptions

With all the uncertainty surrounding the safety and efficacy of vaccines, it’s critical to protect your right to make independent health choices and exercise voluntary informed consent to vaccination. It is urgent that everyone in America stand up and fight to protect and expand vaccine informed consent protections in state public health and employment laws. The best way to do this is to get personally involved with your state legislators and educating the leaders in your community.

THINK GLOBALLY, ACT LOCALLY.

National vaccine policy recommendations are made at the federal level but vaccine laws are made at the state level. It is at the state level where your action to protect your vaccine choice rights can have the greatest impact.

It is critical for EVERYONE to get involved now in standing up for the legal right to make voluntary vaccine choices in America because those choices are being threatened by lobbyists representing drug companies, medical trade associations, and public health officials, who are trying to persuade legislators to strip all vaccine exemptions from public health laws.

Signing up for NVIC’s free Advocacy Portal at www.NVICAdvocacy.org gives you immediate, easy access to your own state legislators on your smart phone or computer so you can make your voice heard. You will be kept up-to-date on the latest state bills threatening your vaccine choice rights and get practical, useful information to help you become an effective vaccine choice advocate in your own community.

Also, when national vaccine issues come up, you will have the up-to-date information and call to action items you need at your fingertips. So please, as your first step, [sign up for the NVIC Advocacy Portal](#).

Share Your Story With the Media and People You Know

If you or a family member has suffered a serious vaccine reaction, injury, or death, please talk about it. If we don't share information and experiences with one another, everybody feels alone and afraid to speak up. Write a letter to the editor if you have a different perspective on a vaccine story that appears in your local newspaper. Make a call in to a radio talk show that is only presenting one side of the vaccine story.

I must be frank with you; you have to be brave because you might be strongly criticized for daring to talk about the "other side" of the vaccine story. Be prepared for it and have the courage to not back down. Only by sharing our perspective and what we know to be true about vaccination, will the public conversation about vaccination open up so people are not afraid to talk about it.

We cannot allow the drug companies and medical trade associations funded by drug companies or public health officials promoting forced use of a growing list of vaccines to dominate the conversation about vaccination.

The vaccine injured cannot be swept under the carpet and treated like nothing more than "statistically acceptable collateral damage" of national one-size-fits-all mandatory vaccination policies that put way too many people at risk for injury and death. We shouldn't be treating people like guinea pigs instead of *human beings*.

Internet Resources Where You Can Learn More

I encourage you to visit the website of the non-profit charity, the National Vaccine Information Center (NVIC), at www.NVIC.org:

- **NVIC Memorial for Vaccine Victims:** View descriptions and photos of children and adults, who have suffered vaccine reactions, injuries, and deaths. If you or your child experiences an adverse vaccine event, please consider posting and sharing your story here.
- **If You Vaccinate, Ask 8 Questions:** Learn how to recognize vaccine reaction symptoms and prevent vaccine injuries.
- **Vaccine Freedom Wall:** View or post descriptions of harassment and sanctions by doctors, employers, and school and health officials for making independent vaccine choices.
- **Vaccine Failure Wall:** View or post descriptions about vaccines that have failed to work and protect the vaccinated from disease.

Connect With Your Doctor or Find a New One That Will Listen and Care

If your pediatrician or doctor refuses to provide medical care to you or your child unless you agree to get vaccines you don't want, I strongly encourage you to *have the courage to find another doctor*. Harassment, intimidation, and refusal of medical care is becoming the modus operandi of the medical establishment in an effort to stop the change in attitude of many parents about vaccinations after they become truly educated about health and vaccination. However, there is hope.

At least 15 percent of young doctors recently polled admit that they're starting to adopt a more individualized approach to vaccinations in direct response to the vaccine safety

concerns of parents.

It is good news that there is a growing number of smart young doctors, who prefer to work as partners with parents in making personalized vaccine decisions for children, including delaying vaccinations or giving children fewer vaccines on the same day or continuing to provide medical care for those families, who decline use of one or more vaccines.

So take the time to locate a doctor, who treats you with compassion and respect, and is willing to work with you to do what is right for your child.

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