A Commentary on NPR's Joanne Silberner's Program on Morning Edition

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Joanne Silberner, a noted and respected health policy journalist for NPR with impeccable credentials, recently reported on the risks and benefits of vaccines for Morning Edition. It is a shame that such an important topic reaching a wide listening audience would so consistently ignore scientific objectivity. Even worse, her commentary solely relied on the nation's most entrenched and radical group of corporate-friendly vaccine researchers as her primary source for emphasizing attacks on American citizens' fears about the lack of confirmatory clinical proof that vaccines are safe and effective.

In response to Silberners essay of drastic misinformation, we are deconstructing her article (in bold) as it appears on NPR's website.

Vaccines' Benefits Trump Concerns, Experts Say

Joanne Silberner, NPR Morning Edition *February 8, 2010*

In 1960, health authorities recommended that young children get five vaccines — smallpox, diphtheria, tetanus, whooping cough and polio. In 2009, there are vaccines against 13 diseases for children under the age of 2. That's excluding flu. This increase is worrisome to many parents.

"The extent of concern about immunization is enormous, and it's growing," says Edgar Marcuse, a professor of pediatrics at the University of Washington and coauthor of apaper in the journal Pediatrics that addresses parental concerns.

The article in the Journal of Pediatrics that Silberner references was authored by a group of scientists with some of the strongest ties to the vaccine industrial complex. The group includes Paul "Dr. Vaccine" Offit from the University of Pennsylvania who in the past served on the nation's top vaccination advisory commission for vaccine approval. Other authors include faculty members from the universities of Washington and Vanderbilt -- two of the more heavily funded and supported research institutions funded by government health agencies and

vaccine makers, which consistently are contracted to carry out clinical trials for the CDC and NIAID). Finally, the paper is co-authored by scientists from the NIAID – the same institution that released seriously flawed clinical trials on the H1N1 vaccine's safety in pregnant women.

Further in her essay, Silberner quotes from Saad Omer at Emory University. Emory is perhaps the single educational vaccine center most aligned with the CDC's propaganda machine and notorious for releasing studies to support the erroneous belief in the "vaccines can do no harm" theory.

Silberner's sources alone are indicative of medical bias and subjectivity and therefore fail to contribute positively to the national debate on vaccine efficacy and safety which has become so removed from public health policy decisions.

One of the chief concerns is that babies' immune systems aren't developed enough to handle the onslaught of vaccines. But studies of DPT (a vaccine against diphtheria, pertussis [whooping cough] and tetanus), hepatitis B, Hib (a vaccine against meningitis), and polio vaccines have shown that 90 percent of babies produce an active, protective response to these vaccines.

Marcuse and his colleagues have done some calculations by looking at how many antibodies are needed to respond to an average infection, how many antibodies babies produce after getting vaccinated and how long it takes babies to make enough antibodies to be protective. They predict that if babies received 11 vaccines at the same time, it would use up 0.1 percent of the cells involved in the immune response, which would quickly regenerate.

This is an excellent example of scientific denialism that attempts to confuse two issues. Although the medical literature provides numerous examples warranting serious concerns about vaccine risks of viral components, either whole or in fragments, it is the many additives in vaccines that raise the greatest alarm among parents. Nobody questions that the body generates an active immune response when viruses are introduced via vaccination. However since Silberner's essay is suppose to address vaccine benefits versus risks, it confuses the idea that triggering an immune response is identical with vaccine safety.

There is also remains the crucial question that has never been satisfactorily answered by the vaccine community. Does the body generate an identical immune response when infected with a wild virus as it does when introduced to a vaccine virus intravenously? Measuring antibodies focuses on a small slice of

the body's many activities when vaccinated. Other processes are involved besides identifying and measuring antibody load, for example, the biomolecular regulatory functions required to generate an antibody. Proper study of vaccination requires a systems approach, measuring how many interrelated biomolecular processes interface and react when exposed to a vaccine virus.

Marcuse reiterates Offit's assumptions that babies can survive numerous vaccinations without adverse effects. However there has been no clinical proof to confirm this assumption because no gold standard study has ever been performed to measure either short or long term effects in any group of children receiving multiple vaccinations simultaneously. Therefore Silberner's position, which is dominating vaccine science and health journalists, remains unfounded.

Today's Vaccines Contain Less Of The Disease

Some parents ask their pediatricians to space out the vaccines. But that's a bad idea, says Marcuse. "When you space out the vaccines, you leave your infant susceptible to diseases you could otherwise have prevented, particularly in the first six to eight months of life," he says. Babies can get diseases such as whooping cough or meningitis, and these can be tough on them.

Other countries such as Japan, Denmark, Sweden and others have shown in their national epidemiological studies that spacing vaccines and starting vaccination after a child reaches 24 months, has reduced serious adverse effects, including the rise of neurological disorders. Vaccine schedule regimens can be very different in other developed countries compared to the US, which has the most aggressive vaccine regimen in the world. This should not be completely separated from other statistics showing the US heralding the highest rates of childhood asthma and allergies, autism spectrum disorders, diabetes, various cancers and other autoimmune diseases.

Another issue Silberner and pro-vaccination spokespersons ignore is the possibility of the body creating a cytokine storm, a hyper-reaction of a healthy immune system resulting in an abnormal burst of inflammatory molecules, when facing an onslaught of multiple vaccines. Such outbursts can severely compromise the child's immunological defenses. A child's body is not just reaction to vaccine's viral genes but also to many other toxic substances that are part of vaccine ingredients.

Babies are going to be exposed to bacteria and viruses in one way or another — either during an outright infection, or in the vaccines, says Saad Omer, a vaccine expert at Emory University.

In the vaccines, he says, babies are only seeing bits and pieces of the viruses or bacteria, and vaccines are much "cleaner" now than they used to be. "A lot of people say that the number of vaccines has gone up," he says. But, in reality, the number of antigens — the molecules in the viruses and bacteria that spark the immune response — hasn't gone up, it's gone down, he says.

The biggest change has been in the pertussis vaccine, which used to contain about 3,000 antigens from the whole pertussis bacterium. Now, vaccinologists have plucked out the five molecules that by themselves can set off an immune response.

Vaccines are much "cleaner"? According to Omer's statement in the context Silberner offers, this seems to apply only to less viral antigens. It is a known fact by vaccine policy makers and the pharmaceutical industry that there is no such thing as a pure sterile vaccine, especially vaccines that require virus culturing on animal based media such as fertilized chicken eggs, dog and monkey organs. In such vaccines, smaller genetic fragments from other viruses and bacteria common in these substrates, are unable to be filtered out. Among these genetic residues, are oncogenes (genetic fragments causing cancer) and genetic information from many known and unknown viruses harbored in animal tissue that would otherwise never enter a child's bloodstream naturally. These genetic fragments can be highly volatile and can recombine with the body's DNA in other cells causing unknown long-term damage, adverse autoimmune reactions and inflammatory conditions that can go unnoticed for years before manifesting as symptoms of a disease.

Silberner also fails to inform her listeners and readers that while some vaccines may contain fewer antigens than in the past, they require other agents to in order to trigger or boost an immune response. This is where adjuvants play a role in vaccine efficacy. The omission of this vital detail is incomprehensible. Viral fragments alone are unable to produce the sufficient immune response being propagandized by Omer. Therefore other ingredients with a certain affinity to given vaccine virus are added to trigger the body's response to a foreign viral agent. The two most common adjuvants today are the highly neurotoxic aluminum hydroxide or alum, and the oil based squalene derived from the oil of shark livers. Squalene has yet to be approved in the US – however it is being

positioned for approval following a recent FDA press release announcing that squalene would enable more rapid vaccine manufacturing in the event of a real pandemic. The fundamental reason for squalene not having been approved is due to conclusions drawn from research at Tulane University Medical School and the prestigious Karolinska Institute in Sweden showing that squalene is one of the primary causes for the several 100,000 inflammatory adverse effects, including rheumatoid arthritis, in the anthrax vaccine given to Gulf War veterans.

Mercury Worries

Some parents worry that thimerosal, a mercury-containing preservative, can hurt the immune system. It's a big issue for parents concerned about vaccines and autism. But mercury is out of virtually all childhood vaccines or present in lower amounts than can be found in a can of tuna.

Silberner repeats a common sound bite about there being less mercury in vaccines than in a can of tuna. This is the same argument given by Dr. Offit on numerous occasions and which was discussed at the Council on Foreign Relations H1N1 flu conference last autumn that led to a public relations assault against opponents of childhood vaccination. However, it just seems ludicrous that any scientist can equate eating a can of tuna with injecting a vaccine into the bloodstream. It is almost appalling on strictly scientific reasons that this argument continues to raise its pointed little head. The means of introducing a toxic substance to the body can determine the outcome. For example, certain natural bacteria are perfectly normal when present in certain organs, but can be deadly if it introduced to other organs, especially the bloodstream.

Omer says parents need to remember that for every type of vaccination, the disease is a bigger challenge to the baby than the vaccine. That's easy to forget today, when few can remember what polio and whooping cough and even measles look like.

"After effective control of these diseases, there's a shift in the mental calculus of parents," Omer says. They stop worrying about the disease, and start worrying about the vaccine. But the measles vaccine causes brain damage in 1 in 1 million recipients. The disease itself, which used to hit the majority of kids, killed 1 in 500 people who got it, and caused brain damage in 1 in 1,000.

Here again Silberner supports the old myth that the vaccine miracle is responsible for the reduction of infectious diseases that once wreaked havoc on populations. In the case of measles, mortality rates had already dropped almost 99 percent from the 1830s to the time the vaccine was first introduced to the public. This is rather remarkable and a clear indicator of the value of better sanitation, food, preventative health, cleaner energy and households and public spaces in reducing measles' infectious rates and mortality when taken into consideration that measles was already dipping towards zero while the American population grew rapidly with immigration and a boom of newborns.

Vaccines do have side effects. The immune system sometimes overreacts, and babies can get fevers, soreness and rashes from some vaccines. In those cases, doctors recommend being careful about subsequent vaccinations. But in rare instances — that 1 in 1 million chance with measles vaccines, for example — there can be neurological side effects.

When figures such as 1 in 1 million are ever presented in an article without any source referencing, they are best ignored outright. These are the typical kind of sound bites the pro-vaccine community loves to throw out like bones to the public and are inevitably on closer scrutiny of sound epidemiological studies proven to be more fiction than fact.