

## **Measles, Money, Media, and Public Health**

By Paul Thomas, MD, with Jennifer Margulis, PhD

The measles outbreak of 2019 has been in my back yard of SW Washington and the Portland, Oregon area, where I practice medicine. As a pediatrician with a diverse practice of fully vaccinated, partially vaccinated, and unvaccinated children (by parents' choice), I have been watching this outbreak very closely.

Three dozen cases of measles were identified and Washington declared a state of emergency. A few weeks later we learned that the number of cases had risen to 53, but that at least three of these measles cases turned out to be a reaction to the vaccine (source: <https://www.koin.com/news/health/officials-3-thought-to-have-measles-only-had-vaccine-rash/1768866526>).

Parents have a lot of questions, and a lot of concerns. Everyone is looking for answers. Lawmakers, too, are asking a lot of questions. Who should make decisions about whether or not a child gets a vaccine? Parents or the government? Is this measles outbreak putting your child in danger? How deadly is measles in American today? Is the MMR safe? Is the media getting the facts right?

I alerted all my patients, encouraged those whose children had not been vaccinated to come and get the MMR vaccine, and shared with them the high-dose vitamin A protocol that the Academy of Pediatrics and the World Health Organization recommend for those who get infected with measles.

Bombarded by an incessant drumbeat of fear mongering from the media, my office has been flooded with hundreds of calls. We are all working overtime, not dealing with measles (we have not seen a single case), but dealing with the irrational fear created by this false narrative in the press.

If you look at the Clark County website listing places where people infected with measles have been indoors, and you consider that the media is reporting that 90% of those exposed will get the measles, and the fact that about 5% of the population does not have protection, then we should be seeing at least 5,000 cases of measles in the Portland, Oregon area. But when my office called the County Health officials to get directions on where to send a sample for measles testing after we found out we had a child exposed in one of these "high-risk" areas who had symptoms that possibly could be the measles, we were told, "There's no need to send in a sample since there has not been a single case of community-acquired measles stemming from this outbreak."

What?

Not a single case of community-acquired measles? They were so unconcerned that they weren't even willing to test for it?

So what is actually going on?

You see, this outbreak, like all others in the United States, cannot take hold in the community since we have very high rates of measles protection. When we get more than a case or two, it generally means there was a pocket of unvaccinated who were exposed. That is what happened in SW Washington. Members of a couple churches with high rates of non-vaccinated individuals were exposed, and some of them (along with some who were vaccinated) got the measles.

You are not at risk being at home, being outside, or being in school. It also appears you are not at even at risk if you visited the 30 plus locations where potential exposures occurred.

How deadly is measles in America?

A glance at the total cases the past decade shows we have on average about 200 cases of measles each year. With a death rate in our country of about 1/10,000 we will end up with one death very 50 years. More people die being struck by lightning.

The CDC says the MMR is safe and that vaccines are safe. Is that true?

Obviously vaccines are not totally safe. Nothing is. Our government has now paid out about 4 billion dollars for vaccine injuries. The landmark study published in *Pediatrics* in 2004 that is used to claim that the MMR is not linked to autism was manipulated to remove that link. Whistleblower William Thompson, head of that research and lead author on the study, has admitted that the raw data showed there was a link between the MMR and autism.

As a pediatrician who listens to parents, I have heard the same story hundreds of times: "My child was starting to talk and was developing normally until the 12, 15, or 18-month shots then I lost him." The tears start to flow.

On January 5<sup>th</sup> 2019 in a Full Measure episode investigative journalist Sharyl Attkinson shared with the world the story of Dr. Andrew Zimmerman, one of the top pediatric neurologists and autism specialists in the country, who testified at the hearings for over 500 families who were denied compensation by the Vaccine Court. He states he told Department of Justice attorneys for the government that he has seen cases where vaccines have caused autism, but they chose to take his initial testimony about one case where he did not find a link and then release him so they could just use that quote.<http://ow.ly/bh8X30neWWr>

In Oregon, and in all but three other states, parents have the right to decline vaccinations for either religious or philosophical reasons. The ethical standard for doctors is to "first do no harm," and to honor informed consent, which means telling patients what their options are. Informed consent is the process where doctors

share with patients the risks and the benefits of the procedure they are recommending.

When you have a child damaged by a vaccine, or have known risk factors that put your child at higher risk for vaccine damage, the most informed choice is not to get that vaccine. It's time we stop blaming parents who are already suffering as they are caring for vaccine-damaged children. They are heroes, not hysterics. It's also time we stop vilifying parents who are aware of the risks and benefits of vaccination and who choose to make an informed decision about vaccines, doing some, avoiding others, for medical reasons specific to their own families. We don't need a shame and blame game. We need research that helps identify children at most risk for vaccine harm so that the rest of us who are at lower risk and can safely get the vaccines can maintain immunity in the community.