

[Measles](#)

Measles

by [Dr Buchwald](#)

from [\[1994\] Vaccination - A Business Based on Fear by Dr. G Buchwald MD](#)
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Pathogen: Measles virus, RNS-Virus of the group Morbilli viruses. Incubation period: 10 -14 days (usually about 11 days). Acute infectious disease with catarrh and typical skin eruptions. Measles result in a increased permeability to toxins of the walls of blood vessels and cells.

Measles vaccine: Vaccine viruses the virulence of which have been weakened by passage through cell cultures but which are capable of multiplication.

Time of vaccination: 15th month of life, supposedly because maternal antibodies are effective until the 12th month of life. In the triple vaccine MMR the vaccines against measles, mumps and rubella are combined to be given in one injection.

Measles are an acute infectious disease with catarrh and typical changes of the skin and skin colour (measles exanthem). The incubation period is from 10 to 14 days (average 11 days). Having had the measles results in lifelong immunity. Breastfeeding mothers who have had the proper measles pass on their immunity to their babies with their milk. Such babies do therefore not get the measles in the first months of life, while those of vaccinated mothers can get them.

The strategy or tactics of the vaccine manufacturers is very evident in the case of measles. This childhood disease was considered - not only by parents but also by many doctors - a harmless childhood disease which was necessary and important for the child's further development. After a vaccine against measles became available this harmless event was suddenly made out to be a terrible illness with severe complications. The incidence of these complications - especially that of inflammation of the brain (encephalitis) - became increasingly frightening. As always, if German statistics are not sufficiently impressive, those of foreign countries are resorted to in order to achieve the desired effect

In the book "Protective Vaccinations" by Stickl and Weber the following claim is made on page 22:

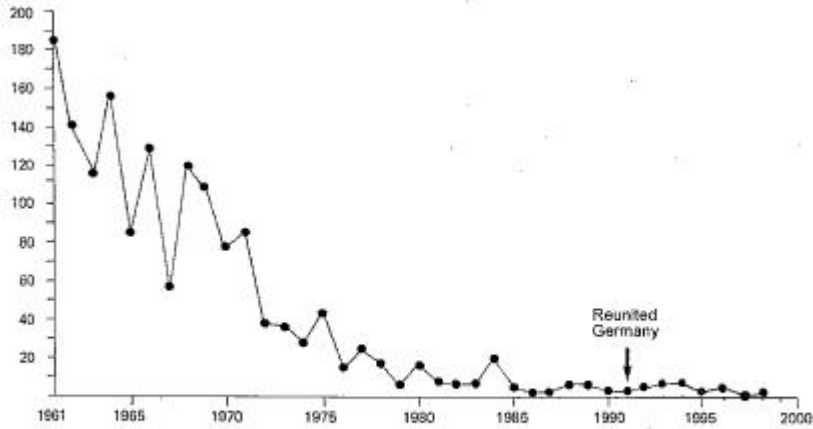
"Today the risk of central nervous system involvement after measles is 1:800. This latter development had already become evident in the years from 1945 until 1950 in cities with a high degree of civilisation such as Zurich and Philadelphia which had not been destroyed during the war."

In the time before the last war nearly every child had the measles. Parents valued their children having had the measles before school entry. If the children had not had the measles by the sixth year of life they were often sent to play with children ill with the measles. This was to prevent absence from school and also because even then it was known that there were less complications from measles in preschoolers and that measles become more dangerous with increasing age. This is still practised in some families, especially those with several children.

Older people are quite familiar with measles, mumps and rubella, the childhood illnesses of our generation. In 1938 over 80% of children had overcome the measles by their 4th birthday. I remember my grandmother saying, one day: "This youngster will go to school next year at Easter but he still hasn't had the measles." I was then sent to play where a child was ill with measles. I promptly got the measles. My grandmother made cold, wet wrappings for the calves of my lower legs if my temperature was too high. One of the large round wooden boards used to put fruitpies on was inserted into the side of the wonderful beds we then had to prevent my falling out of it. The room was darkened, I was given beautiful juices and good things to eat and was cared for lovingly by my grandmother. After a few days the measles were over. I often and gratefully thought of my grandmother when as a young medical assistant in the hospital in Zeitz, in the south of Leipzig, I was in charge of the infectious ward full of about a 100 children suffering from the most diverse infectious diseases for two years. Even though I had only had the measles as a child I never suffered from any of the infectious diseases I was in such close contact with later on.

When the measles vaccines was introduced this common and harmless childhood illness was suddenly considered to be a dangerous disease. A "killed" vaccine was used at first. The vaccination effected a shift of the measles to school age and an increase in the incidence of complications. No statistics of measles cases or measles deaths are available from earlier years. What need was there to collect figures about a harmless disease everybody had at some stage? It was not until in 1961 the Federal Legislation concerning Epidemics made deaths from measles {but not measles-cases} notifiable as from 1/1/1962.

Illustration 52 shows that deaths from measles just as those from other infectious diseases receded year by year, indicating that measles were aim becoming less severe as the years went by.



III. 52 Deaths from measles

Source: Statistisches Bundesamt Wiesbaden

The reason now given for vaccinating against measles is not the illness itself, but the prevention of complications resulting from the measles.

The graph shows that claims made that for every 1000 cases there is a case involving the brain are illogical. Decreasing deaths indicate that complications from the disease--in this case encephalitis--are also lessening, because it is the severe cases which are sometimes fatal. In other words, the argument that vaccination against measles are necessary to prevent brain damage, is not valid. It was the increasing vaccination against measles which resulted in children now getting the measles at a later age, when complications are more frequent and more severe. Ironically, inflammation of the brain — the reason given for vaccinating against measles - had therefore become more frequent because vaccinations had become common. To prevent school age children becoming ill with measles and resulting complication the vaccine lobby demanded the introduction of booster shots, at nearly a million births per year and a cost per injection of DM 54.70 a good business proposition! The effect of the repeat vaccinations was a further shift in the age of those susceptible which meant that this once harmless childhood disease in preschoolers was now endangering the health and even the lives of young adults!

A New York Department of Health pamphlet entitled "Immunizations... Not Just Kids' Stuff" features this introduction:

"Lots of people think 'shots' or immunizations are just for kids. They are not! As an adult, you need to be protected against such preventable diseases as measles, mumps, rubella, tetanus, diphtheria, pneumococcal disease, influenza and hepatitis B. Your best protection against these diseases? Immunization!"

The pamphlet reports that 34 % of all reported measles cases in the State of New York occurred in persons 20 years of age or older and that 30 % of all measles cases in the US occurred in young adults between 15 and 19 years of age! It goes on to say that "To be immune or protected you must have had the disease or have been immunised. If you were immunised, it was probably as a child, and you may need updating because some immunizations lose their effectiveness over time.", then claims that "two doses of the measles vaccine generally provide lifelong protection".

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Pennsylvania	538	344	214
Texas	286	3315	2500
Washington	7	55	100
Wisconsin	4	880	420

Table 5: Measles-cases reported in the U.S.A.
Source: State Health Departments

As can be seen the claim of a measles-free US is incorrect. There are reports of measles from all the states, and in all of them an increase is evident. The report shows that in some states there have already been more cases of measles in the first three months of 1990 than there have been during all the previous year. US Dr. Robert S. Mendelsohn MD, referring to vaccinations in general and to the measles vaccine in particular, says in his book "Trust no Doctor" (Mahajiva Publishing Co.):

"Many vaccines are of much greater danger than the disease against which is used-vaccination against measles e.g. it is claimed prevents inflammation of the brain (encephalitis) which supposedly occurs in one case of every thousand cases of measles. Every doctor who has had a few decades of experience with measles knows that such a high rate of poverty and malnutrition; among well nourished children of the middle class or of the wealthy the incidence is more likely to be 1:10,000 or even 1:100,000. ...Furthermore, whether someone ends up with an infectious disease does not solely depend on immunisation. Numerous other factors such as nutrition, living- and sanitary conditions play an important role."

Because in the US young women no longer get natural measles, they are unable to pass on any natural protection to their babies. This is the reason why in America an increasing number of babies get the measles. This has not occurred in Germany as yet. In the US it is now babies and young adults who get the measles, resulting in a ten-fold increase in the measles-mortality according to official reports. American experts designate this increase as "unexpected and in part inexplicable". These developments had however been predicted by Dr. Mendelsohn for years, and all it

would have taken would have been for these experts to read the warnings, views and opinions Dr. Mendelsohn expressed in his book.

The WHO has declared that measles would be eradicated in the world as a result of vaccination by the year 2000, and that in the US a freedom from measles had been achieved thanks to a vaccination rate of 98%. In Africa, measles were declared by the WHO to have been eradicated in Gambia. Measles reappeared however a few years later, but now as a much more serious illness. In the US, after a 20 year campaign against measles, increasing epidemics occurred in schools which were said to affect the vaccinated and the unvaccinated equally. Here we may well ask where the unvaccinated came from when before it was claimed that 98% of children had been vaccinated. Big police actions including quarantine and enforced vaccinations were used in attempts to quell such epidemics.

The WHO MMR mass vaccination programme fed to corresponding campaigns in affiliated countries. In Switzerland a group of doctors which increased month by month opposed this MMR campaign vigorously. They pointed to the lack of knowledge in regard to possible long term effects of these vaccinations. Because it is medical knowledge that childhood illnesses are more severe in adults such developments are predictable. According to the Swiss doctors we do not know the causes developed countries, because these decreases occurred long before the introduction of vaccination against the measles. All these warnings were pushed aside by pointing out the great successes of measles eradication programmes in the former DDR (East Germany), in Gambia and especially the United States. The cry was that the 98% vaccination rate had achieved complete freedom from measles. The Swiss Ministry of Health tried to refute the impressive, common sense arguments the group of Swiss doctors against MMR had put forward in a publication entitled "The MMR-vaccination Strategy against Measles, Mumps and Rubella in the Light of the Epidemiologic Literature". The last sentence of this rebuttal states: "If the propaganda of opponents of the vaccination campaign is successful, it could mean that the vaccination rate could remain such that indeed the problems used as counter arguments - which would be largely prevented by high vaccination rates - are in be expected. The absurd situation would eventuate that opponents would - with their propaganda - bring about the exact problems they are warning from. They would then have the satisfaction of their predictions having come true, but in feet they could hardly absolve themselves from responsibility."

This means that because already today it is anticipated that the predicted goal cannot be achieved (enforced vaccinations would be a prerequisite to attempt this, something the freedom loving Swiss would never put up with), the probable failure of the programme is already being pinned on the group of doctors who oppose the

programme. An important argument of this group is the following announcement of the WHO:

"Taking into account a vaccination age of two to three years 96% of children in England would have to be vaccinated to eliminate measles. In the US it was calculated that in order to eliminate measles 98.4% of twelve months old children would have to be vaccinated with a 95% effective vaccine, or 96% of fifteen months old children would have to be vaccinated with a 98% effective vaccine. Mumps can only be eliminated if 85% of two year old children are vaccinated. The vaccination rate for two year olds necessary to eliminate rubella is 92% for the US, 89% for England and Wales and 93% and 95% for various other European countries."

The Swiss doctors point out that such vaccination rates are not even achievable with most stringent legally enforced vaccination. In Germany e.g. enforcement by police of mandatory smallpox vaccination had failed to achieve such rates. For this reason alone the Swiss doctors warned against the expenditure of large sums of money on measures which were condemned to failure before even starting. It was remarkable that doctors who in no way were speaking out against the vaccination against measles, mumps or rubella, but who made a case for separate vaccination in preference to the triple vaccine, came under fire for being "opponents of vaccination". The group of doctors opposed to MMR now has fears that the broad application of live virus vaccines -with their well-known ability of recombination - results in new viruses and the formation of viral monstrosities. They regard the manipulation of the level of immunity of a whole population via the systematic application of vaccine viruses a risk of unknown proportions. Lately the general affluence has been blamed for the delay of the onset of childhood illnesses and the resulting dangerous complications. More frequent vaccinations against infectious diseases are advised because of it.

Quandt, Thielo and Fescharek write in their book called "Impfreaktionen" (Vaccine Reactions), Hippocrates Publishing Co., Stuttgart, 1993 that often - after measles - there are pathologic changes in the EEG (Electro-Encephalo-Gram= measurement of the brainwaves), supposedly in 50% of measles cases. They claim that encephalitis as a complication is far from rare, said to occur in 1:1000, with a defective healing in an estimated 20% of cases and 30% with fatal outcome! This complication is supposedly even worse in adults where it is two to three times more frequent according to the authors, who also state the incidence of subacute sclerosing panencephalitis (SSPE) as 5:1,000,000, with a 100% fatality.

When considering that after the initial reports of success there have been large outbreaks of measles in 100% vaccinated populations as e.g. in Gambia, USA and the former DDR, doubts regarding vaccination against measles are well justified. In this regard there are also comments in a paper by Lackmann and Tollner: "Masem - eine

vergessene Erkrankung und ihre Komplikationen" (Measles - a forgotten illness and its complications) which was published in the August edition of the journal "Padiatrische Peaxis":

"The rapidly decreasing incidence of measles was however interrupted in 1984. Since then the number of children with this viral disease has been observed to again rise slowly but steadily, with 6273 cases already registered once more in the USA. In 1989 a 423% increase of notified cases was registered in the USA in comparison with the previous year."

The following important sentence is from the same paper:

"In our region the measles are only of significance as a disease which presents risks in the case of immune-suppressed children receiving cytostatic (cell growth inhibiting) therapy for malignancies or in the case of infection with HIV."