Response to Kathy Sayers Hennessy’s blog *Vaxxed bus in my state, Washington: Dr Suzanne speaks to the “vaccine religious.”*
Suzanne Humphries, MD

A blogger who calls herself “Kathy” watched a periscope I did this week on the VAXXED bus and wrote this blog. [https://vaccinesworkblog.wordpress.com/](https://vaccinesworkblog.wordpress.com/)

I am going to take each bit and respond. I do apologize for the lengthy response, but as anyone paying attention should know by now, vaccine-religious people simplify things and write little sound bites or repetitive unsound dogma with gaping holes—or they yell things out from afar and run off.

One day last month, as I was walking to the VAXXED bus, I heard a female voice say “What about herd immunity??” I looked to where the voice was coming from, the fourth floor of our hotel. Suddenly a figure moved from the window area to behind the curtain, leaving only her pot pipe and stunned male partner in the window. Another time we were pulling away from a gas station only to hear a loud “You people are assholes”. Such is the simplicity and cowardice of the vaccine-faithful.

Kathy’s blog holds a bit more substance, but barely. While Kathy could toss a shoe at me with a couple pages of print, my task is more difficult; to educate her on vaccine data and explain beyond the shallowness of her blog name “vaccineswork” to something more provable and true. Thus, the length.

My comments are RED and her blog excerpts are black. Here we go. Kathy said:

*I do not doubt the suffering of these families but I fail to see how irrationally blaming vaccines helps anyone? In fact, all it does is harm. Blaming vaccines for autism harms children who are denied vaccine protection. It also causes grave harm to the autism community.*

Not vaccinating a child does not harm them. If the child gets a vaccine-targeted disease like mumps, the vast majority will gain immunity at the appropriate time in life instead of becoming susceptible at a time later when the disease can be more severe, after the vaccine wears off. The same phenomenon occurs with measles.

*Think about it. When a child is deemed “damaged” and exposed to unproven, dangerous, even illegal treatments to “undo” this “damage,” the very humanity of that child is being denied. This rhetoric damages families.*

The humanity of the child is damaged? This rhetoric damages families. All of the parents who wrote the names of the children with autism on the bus, have sought us out from the autism community. We don’t throw out hooks and bait. They come to us.
Many of those children’s parents have used treatments, which are not illegal and not dangerous, and many of those children have had a lot of damage undone.

Does undoing any damage or painful debilitating illness to a child, deny humanity? Or does it actually restore humanity to that child (and the rest of the family)?

These parents who viewed their kids as having an immune system problem and viewed the children as broken or ill, who have used probiotics, nutrition, elimination diets, bowel treatments, microbiome restoration, chelation, stem cell infusions, and their children are now unbroken and better, gaining weight and thriving, **what do you say to those children and parents?**

That they should have left them in pain and sick, stuck in a rut, a grave without an end?

When you talk to those children, they can tell you how they felt BEFORE TREATMENT, when they were very sick. If you ask those children, “Would you rather still be sick?” they would be upset. They may ask you if you are an idiot.

Kathy referred to me as “**Suzanne Humphries, a former kidney doctor who is no longer practicing medicine.**” Kathy quotes rationalwiki, an slander site run by some coward with no name. The site does not cater to replies or polite discourse.

Contrary to the epithet, I am still a qualified kidney doctor and still practice medicine. Note where it says, “certified” under Nephrology and Internal Medicine. I am double board certified and up to date on everything, Kathy. Show us my homeopathy degree and how I am no longer a kidney doctor or practicing medicine please.

More interestingly, who does Kathy say she is?

Furthermore if Kathy’s criteria to speak out on a topic is that a person MUST BE a practicing doctor, perhaps Kathy should fulfill her own demands on others by fronting up with her own college degree, medical degrees, board certifications, and licenses,
because enquiring minds would really like to know what right KATHY has to open her mouth.

1. Suzanne claims to have done 9 years of immunization research. She means reading. She has published no studies of any kind. Search pubmed. Nothing.

Nothing? Who taught you how to do a pubmed search?? Many people who publish articles are not doctors and have no idea what is going on in the medical office.

The definition of research is: the systematic investigation into and study of materials and sources in order to establish facts and reach new conclusions.

Here are my publications.


Is it not a point of irony that one of my articles on PubMed was published when I was a mere physicist and the other when I was a young doctor at the end of my nephrology specialty training, BEFORE I became board certified, licensed, or a teaching medical professor? See? Anyone can publish, not just doctors.

“Kathy”, (Kathy Sayers Hennessy) the writer of this blog has stalked others and me for years now. I know this is Kathy Sayers Hennessy because she was kind enough to post her blog using her first and last names on we are VAXXED Facebook page under our video.

The same hit-and-run tactics are always used against me—constantly ignoring authorized proof of medical credentials and putting up fake sites with fake information. Each time she hits with that tactic, I ask her to produce her credentials and every time, she refuses to answer. So once again, Kathy, what are your qualifications? Where are your publications on PubMed?

2. She claims we vaccinated persons “almost don’t have a prayer” against diseases because of our poor, unnourished status. I challenge her to find any research backing up that claim.

I was comparing the unvaccinated well-nourished to the vaccinated poorly-nourished. The fact is that the unadulterated immune system when fed properly is the best defense against disease, and always has been. Have a look at some of these articles.

Vitamin A deficiency in sick children:
2012 if it does this for vaccine it does it in disease https://www.ncbi.nlm.nih.gov/pubmed/22813425

***Breastfeeding USA Bartick 2010 cost analysis https://www.ncbi.nlm.nih.gov/pubmed/20368314 RESULTS:

If 90% of US families could comply with medical recommendations to breastfeed exclusively for 6 months, the United States would save $13 billion per year and prevent an excess 911 deaths, nearly all of which would be in infants ($10.5 billion and 741 deaths at 80% compliance).

CONCLUSIONS:

Current US breastfeeding rates are suboptimal and result in significant excess costs and preventable infant deaths. Investment in strategies to promote longer breastfeeding duration and exclusivity may be cost-effective.

Walters 2016 cost of not breastfeeding in Asia: https://www.ncbi.nlm.nih.gov/pubmed/27107295 This study found that over 12 400 preventable child and maternal deaths per year in the seven countries could be attributed to inadequate breastfeeding. The economic benefits associated with potential improvements in cognition alone, through higher IQ and earnings, total $1.6 billion annually. The loss exceeds 0.5% of Gross National Income in the country with the lowest exclusive breastfeeding rate (Thailand). The potential savings in health care treatment costs ($0.3 billion annually) from reducing the incidence of diarrhoea and pneumonia could help offset the cost of breastfeeding promotion.


Well-nourished infected children showed a higher percentage of activated T lymphocyte (T cells), CD8+ and CD4+ memory cells during the infectious phase, suggesting that the activation mechanisms were triggered by infection. T cells from malnourished infected children showed a lower percentage of activated and memory cells. The T cell population size returned to baseline during the resolution phase of the infection in well-nourished infected children, but their T, B lymphocyte and natural killer (NK) cell counts remained high. In malnourished infected children, activated NK cells counts were low before and after therapy. CONCLUSION: After therapy, malnourished infected children showed poor NK cell responses during the infection's resolution phase, suggesting a persistent malnutrition-mediated immunological deficiency.

Quickly scroll through the pages here if you want:
3. She claims “96.8% of children in WA are fully vaccinated for MMR.” That is what she said. Nope, **big fat lie**. There are two places to find immunization data at the state Department of Health website. There is **school data** and **state immunization registry data**. According to the most recent state data, 90.5% of kindergartners enrolled in school for the most recent school year are fully vaccinated for MMR and 81% of 19-35 month olds in WA state have had more than one MMR while 66% of 4-6 year olds have had more than two MMR. That is nowhere near 96.8%. I have no idea where she got that 96.8 number.

Actually Kathy is right.

I was wrong. It is not 96.8%, it's 96.9% of K-12 not exempt from MMR.

Here is the website, which Kathy got right-- but she got the page wrong and doesn’t understand how WA state reports their conditional, vaccinated, out of compliance, exempt students, for MMR or when the second vaccine is actually due which is between ages 4 and 6. Most K students are only 5 years old so they will get the vaccine, which is why it is important to look at the k-12 age group.


And here is where to get the spreadsheet.

**Data by School Year and Grade Level**

These tables include immunization rates by regional service area, county, educational service district, school type (public and private) and school facility.

**School Year 2016-2017**

- **Kindergarten data, 2016-2017 school year (Excel)** April 2017
- **6th grade data, 2016-2017 school year (Excel)** April 2017
- **All students, kindergarten through 12th grade, 2016-2017 school year (Excel)** April 2017
See that last link Kathy?? Click on it. You will get this.

Right there you can see of all the children in K-12, that 3.1% of them had an exemption for MMR, in the year 2016-2017. So now you know where the 96.8% number comes from if you subtract 3.2%, which was the original number I was given from 100%. But it is actually even better because the number on the spreadsheet it 3.1% meaning that 96.9% were vaccinated or in process. These students are either documented as “complete” for 2 injections, vaccinated but not documented, or still in the process of getting the 2nd injection and called “out of compliance”, or “conditional”. The K-12 report stopped including “complete” several years ago, some vaccine safety advocates suspect that is because showing the ACTUAL 96% plus rate undercutrs the constant vaccine-faithful misrepresentation that rates are much lower.

Kathy’s statement in #3 above indicates she has an only superficial understanding of how the CDC schedule, WA DOH reporting policies and categorization interact to impact the vaccination measurement of school kids. Had she maintained the representation on her “About” page . . .

About

My name is Kathy and I am a long-time vaccine advocate. I am a mother, educator, and scientist. I will always read respectful comments and consider them thoughtfully. My there should have been a respectful questioning as in . . . “Dear Dr. Humphries, where did that statistic come from?”

The reason Kathy has no idea where that number came from is because she was on the correct website but the wrong page. Kindergarteners are only 7% of the K-12 population. The Kindergarten number is a poor and transient measurement because of the report close date, inclusionary criteria, and classification terminology.

If she were to click on the “Get School Immunization Data Tables” link on the page she referenced she could then go to the “All students, kindergarten through 12th grade, 2016-2017 school year (Excel)”, and she would see where the number comes from. That
report shows all types combined (medical, personal, religious) exemption usage for each vaccine series for all 1.1 million K-12 students spread out over 290 + school districts. In the case of the MMR it is only 3.1% as shown above.

So Kathy, listen up:
Kindergarten is only 7% of the entire WA 1.1 million K-12 student population.

The entire 1.1 million WA K-12 MMR exemption rate is only 3.1%.

Kindergarten measures low because of the following reasons:


WA allows a child who turns 5 by September 1 to enroll in Kindergarten.

A 5-year-old with 1 dose of MMR is fully within medical guidelines, but the WA report has no capacity to measure that status.

Only students who have 2 injections by the report close November 1 are measured as complete.

Instead, the one-dose 5-year-olds are classed in the "conditional", or "out of compliance". They are not exempt; they will be receiving their injections as they age into them. They can be mistaken for unvaccinated, which is what Kathy did. Should I call Kathy a liar? No. I will just explain to her the reason kindergarten is not a fair measure and K-12 is the accurate metric.

Further compounding the confusion is that the official report closes only 60 days after school starts, so after the report is closed, no final doses administered during the remainder of the year, are credited.

Some districts file the report early, as soon as they consider their enrollments finalized to
save staff time and effort.

If you look at the sixth grade rate, the "complete" for 2 doses is 95.9%, still with 1% conditional.

The balance between the documented 95.9% 2 injection 6th grade rate, and 96.9% 100 - 3.1 exemption rate, is from vaccinated students who are still updating records, or documenting the 2nd dose.

That rate was achieved in 1st grade, when all the students had turned 6 and aged into the 2nd injection.

The Immunization Information Services (IIS) numbers Kathy is using for her 4 to 6 year old, and 19 -35-month-old rates is not all pediatricians. It is limited by the fact that it only records vaccines administered by organizations that are participating vaccine providers. Patients may also opt out of this system.

The 2014 CDC National Immunization Survey for WA for the same 19-35 month old 1 dose MMR is 86.3%, the same year that the WA IIS recorded only 79%. https://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/tables/14/tab03_antigen_state_2014.pdf

4. She claims mumps outbreak in WA state has been 100% in vaccinated populations. But, for Spokane county, here is the data: 334 cases, 197 vaccinated, 15 unvaccinated, 122 statuses unknown. For King County, 311 cases, 64.6% vaccinated. In Arkansas, the rate of fully vaccinated who got mumps is about 35-46%. Definitely not 100%.

Yes, I made a mistake, but nowhere as large as Kathy’s blunder.

There are 2 different concepts here to be addressed- what is the overall vaccination rate of the population in which infections are occurring, and what percentage of the infected are vaccinated or unvaccinated.

My Washington contact and I got our wires crossed, and I over reported the MMR compliance rate in the infected, based on several outbreaks in the world, mostly in universities, which have involved 100% infections in vaccinated students.

The MMR compliance rate in WA is actually 96.9% as I mentioned before. 3.1% exemption use means that 96.9% of students are complete and fully vaccinated, or in the process of becoming so.

The infections of school age children are occurring in counties with MMR exemption rates of 4.1% / MMR compliance rate 95.1% in Spokane, King County MMR exemption
rate 2.7% / MMR compliance rate 97.3%. The range of the top five County MMR exemptions is 2.0% to 4.1%, leaving 95.9 to 98% compliant.

Kathy is citing the Kindergarten rate, which only comprises 7% of the WA K-12 population. She is using a limited data set, which is only a snapshot of the first 60 days of school, and does not represent the remaining 93% of the K-12 population, or the ages in which infections are primarily occurring.

The only solid numbers are the complete school population numbers, which I have used. Reporting the vaccination rate in older children is a better way to analyze the data, because the cases are occurring in older children too.


Mumps

Cause: Mumps virus, a paramyxovirus. 

Illness and treatment: Mumps causes inflammation of glandular tissue, most commonly the salivary glands (parotitis occurs in 30 to 40 percent of infected persons). Other glandular tissue involvement that can occur includes inflammation of testes (orchitis) or ovaries (oophoritis). Up to 20 percent of infections have no symptoms and an additional 40 to 50 percent have mild, nonspecific, or primarily respiratory symptoms. Complications include encephalitis or aseptic meningitis (occasionally resulting in deafness), pancreatitis, and myocarditis. Treatment is supportive.

Sources: Humans, including persons with asymptomatic infection, are the reservoir. Transmission is mainly through direct contact with infected respiratory droplets or saliva.

Additional risks: The average age of reported mumps cases has gradually increased, with a majority of cases now occurring in persons 15 years of age and older. A large outbreak of mumps occurred in 2006 in nine Midwestern states; the majority of cases were college-aged persons and adults in their 20s. Outbreaks in college settings have continued to occur since that time. Another outbreak in 2009-10 involved a religious community with many of the cases in immunized adolescent males who attended private schools and spent many hours face to face each day.

While Washington State did not have any recent outbreaks in 100% vaccinated populations, other outbreaks have, mostly at universities. Here is a reference from Australia to demonstrate that it happens. http://broomenorthps.wa.edu.au/2015/07/kimberley-mumps-outbreak/
Getting to the bottom of the vaccination status of the mumps infected is very difficult in Washington. It almost seems the reports are constructed to prevent the calculation. Let’s look at a very troublesome issue first- the “vaccination status unknown”.

http://www.srhd.org/feature.asp?id=86

“Vaccination Status Unknown” is not someone who can’t remember, it is anyone that tells the DOH, “yes I was vaccinated / not vaccinated”, but the DOH cannot independently verify that from a record. “Self-reported vaccination is not a verifiable means of status”. How many adults can point the DOH to their records? And how would the DOH verify if you were not vaccinated? Call every pediatrician in your hometown, and ask, “Did you ever give an MMR to Jane Doe, who lived in your community from 1972 to 1980?” On a more serious note, consider how many other things you are able to “self-report” to the government, that are much more substantial but they don’t trust you about this?

What is helpful in our calculation is that we know there are not any school-age children in the “vaccination status unknown” category, because every student must have a CIS, Certificate of Immunization Status, to enroll in school. A child cannot get in without one. So that tells us all “vaccination status unknown” cases are adults.

As for Washington State outbreaks, it is more like 92% at a minimum, but likely higher.

At a recent National Vaccine Advisory Committee meeting the Arkansas presenter, Dr. Nate Smith, had a chart showing 92% plus coverage for school age infections. He also said that the adult vaccination rate was much higher than the chart could indicate, due to the requirement for the Health department to confirm records and that because the majority of the cases are in Marshallese this is very difficult to do.
The Arkansas article Kathy linked was so speculative it was actually corrected by the Arkansas State Epidemiologist Dr. Dirk Haselow. Kathy’s “30%-46%” was an attempt at adjusting self-reported vaccinated status, which was not needed. Fortunately, the Arkansas report at the NVAC produced the data in the form all states should follow.

Dr. Smith related that this chart is not an accurate representation of 18+ vaccination status, but of who can prove vaccination status. This is really important because there seems to be a few measures that have the capacity to make the data show a lower vaccination rate than actually occurs, as I’ve shown earlier.

Kathy’s statement #4, again demonstrates her ignorance of the classification and inclusion criteria in WA DOH reports, and the variation in the manner in which the counties report.

There are zero school age children in the vaccination unknown category, because all WA K-12 students must have a CIS, Certificate of Immunization Status on file to attend school, and if they use an exemption to be less than 2 injections of the MMR, that is their vaccination status.

In reviewing the Spokane information, at a health board meeting on 3.17.2017 WA DOH Epidemiologist Chaz Debolt disclosed that the SRHD (Spokane Regional Health District) website is including all confirmed unvaccinated for the state in their reports, for some unexplained reason. Mark Springer, SRHD Epidemiologist confirmed that there had been only 5 unvaccinated K-12 age children in Spokane, but he could not confirm they were public or private school students and not homeschooled.

https://www.youtube.com/watch?v=eNWOnmRN2as
With the understanding that all the “vaccination status unknown” are adults, and most if not all are self-reporting they were vaccinated, let’s look at the Spokane report.

Looking at the 0-19 year groups, 5/219 X 100= 2.28% not vaccinated school-age in Spokane, ALL with verified vaccination status. Remember I said 100% were vaccinated, which was incorrect. Kathy didn’t actually give us a number for Spokane. She just showed the data page, and insinuated that the rate of infection in the vaccinated was between 35-46%. She said I told a big fat lie by stating 100%. But as you can see she was much farther off the mark than me. I was off by 2.28% when I said 100% because the number of vaccinated would be 97.7% in the K-12, which is the group that is held responsible for the unvaccinated outbreaks. BUT . . . Kathy was off by 62.7-51.7%. So if anyone is a “big fat liar”, who is it? Her or me?

Missing from this report is the fact that 75% of cases are in Marshall Island natives, who represent only 2% or 3% of Spokane County residents, and when school age, do not exempt. The reason this is important is outlined below.

➢ My Washington contact said this: At the peak of the outbreak, 30 Spokane schools were excluding students. With only 5 potentially exempt students (if they were public school students and not home-schooled), they didn't even have enough exempt kids for an exempt infection at every school.
➢ Numerically, at most only 5 of the 30 schools could have had an exempt student case. Most—possibly all of the schools, never even had an exempt student case.
➢ If exempt students were the infection hub and driving the outbreak, that would mean that each exempt student would have had to get face to face and infect 42 vaccinated kids.
➢ Because of the low number of schools involved, the exempt kids would have had to have divided the schools, taken 6 schools each, and then each exempt kid would have had to go and infect 7 vaccinated kids each at the 5 other schools they didn't attend.
➢ And . . . they would have to somehow stay contagious for the 7 months the outbreak has been persisting.
It was either this, or the vaccine failure cases are infecting each other.

The outbreak demographics instead show that mumps is being transmitted off campus at large Marshallese social events. The Spokane Marshallese brought mumps home after visiting the King County Marshallese over Thanksgiving, whose outbreak started in the fall. The new Spokane cases had a couple of weeks to incubate, just in time for Christmas break, Christmas Parties, and New Year’s events with extensive opportunities for extended exposures involving food, singing, dancing, and close contact with droplet exchange.

This set the stage for the sudden appearance of cases all over the Spokane Valley in January, February, and March, with no discernable on campus infection chain.

Cases seemed to be spontaneously appearing in schools where there was no other connection, and no exempt students ever involved.

**Kids are not going to school and catching mumps, they are catching mumps and going to school.**

The Marshallese are very community oriented. In Arkansas they had to create zoning laws to restrict how many individuals can live in a single domicile. They prioritize getting together frequently. They have large social gatherings on a regular basis, with dancing, singing and lots of food, often consumed with their hands from communal bowls. This is a cultural preference I have experienced several times. I have friends from Fiji, the Philippines, and Saipan, and when I visit them several have stated "If you don't mind I am going to eat this with my hands". 

This are details are what Kathy, the MSM, and the public health department are not willing to admit.
King County

Here we have 50% of the cases in school age children, and 65% of the total reporting “up to date” “complete” on the vaccine. Remember that children may not enroll in school without a verified vaccination status on the CIS. The MMR exemption rate in King County is only 2.7%. Documented King County 6th grade 2 MMR injection rate is 96.4%.

Weekly mumps outbreak in King County

Updated Friday, June 16, 2017

- Number of current cases in King County: 311 (155 confirmed, 156 probable)
- Number of confirmed/probable cases aged 17 years and younger: 154
- Percent reported as up-to-date on MMR vaccine: 64.6%

They do not include more details, but data was disclosed in December that only 6% were “not up to date” “complete”, which is King County’s designation for less than fully vaccinated. The up-to-date is comparable at 67% of the group.

I see that today’s update reports 61% of cases as up-to-date on the MMR. I was wondering what percentage of cases are in people with unknown vaccination status and what percentage of cases are in individuals verified to have never been vaccinated with MMR? Thanks.

1.

MEREDITH LI-VOLLMER?IFRAME=TRUE&THEME_PREVIEW=TRUE

December 9, 2016 at 1:09 pm

Hi Connie,
As of 12/9, 67% of cases are reporting as up-to-date on MMR vaccine. 28% have unknown vaccination status and 6% are listed as not up-to-date.

The US and the Marshall Islands have a political relationship which is called the “Compact of Free Association”, allowing Marshallese no-visa unrestricted travel and residency in the US, thus not having to provide the documentation of conventional immigrants. Almost all mumps cases in the US are tied to the Marshallese.
Weekly mumps outbreak in King County
Updated Friday, June 23, 2017

- Number of current cases in King County: 313 (156 confirmed, 157 probable)
- Number of confirmed/probable cases aged 17 years and younger: 155
- Percent reported as up-to-date on MMR vaccine: 64.5%
- Known cities of residence:

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<tr>
<td>Algona</td>
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5. She claims mumps vaccine is “impotent” because of claims it may only be 69% effective by virologists who used to work at Merck. (see this article from my friend Dorit for explanation) The claim is that the CDC and Merck say the mumps portion of MMR is about 88% effective but that may not be accurate. It may only be 69% effective. Since 69 is still a great deal larger than the zero you get from not vaccinating, I find this claim highly misleading. It is not an outright lie, but 69% is still highly effective. It just means 31% might still be susceptible. Yes, the vaccine could be better. Doesn’t mean it is “impotent.”

In 1998/1999, an outbreak of mumps occurred among children of a religious community in North East London. A case control study was conducted to assess the effectiveness of the mumps component of the MMR vaccine. One hundred and sixty-one cases of mumps were identified and 192 controls were selected. Fifty-one percent of cases and 77% of controls had a history at least one MMR vaccination. The observed effectiveness of any MMR vaccination adjusted for age, sex and general practice was 69%

And another article, one of many, showing the low effectiveness of the mumps vaccine. https://www.ncbi.nlm.nih.gov/pubmed/25424953 “The school was attended by 540 pupils aged 10-19 years and had 170 staff. In total, 28 cases of mumps (24 pupils and 4 staff) were identified during 10 January to 16 March 2013. Vaccination status was known in 25 of the cases, and among these 21 (84.0%) had a documented history of 2 doses of MMR while the remaining had a history of one dose (2/25 cases, 8.0%) or no doses (2/25, 8.0%) of MMR. An outbreak control team recommended that MMR vaccine should be offered to all pupils whose parents consented to it, regardless of previous vaccination status. Additional MMR vaccines were administered to 103 pupils, including 76 (73.8%) third doses of MMR. Offering an additional dose of MMR appeared to be acceptable to parents, and we found it feasible to administer the intervention in a timely manner with resources from the local Public Health Centre (Primary Care Trust). An additional dose of
MMR to all individuals at risk can be considered as an acceptable control measure for mumps outbreaks in schools even if the vaccination coverage is high. However, further evidence on the effectiveness, acceptability, and safety of this intervention is needed.”

That does not seem like a very potent vaccine . . .

Hamami 2017 [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5404202/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5404202/) extract

“One hypothesis is that the resurgence was related to declining vaccine coverage (Nardone et al., 2003; van Boven et al., 2013), in particular, a widespread scare related to autism which led to some parents refusing to vaccinate their children. This can be easily debunked: the herd immunity threshold is estimated at 75–86% (Donaghy et al., 2006) and mumps vaccination levels have stayed above that level (e.g., in Scotland, ranging from 87 to 94% pre-2004).”

And finally, let us go back to the dictionary for the word impotent: unable to take effective action.
synonyms: powerless, ineffective, ineffectual, inadequate, weak, feeble

It seems that veteran vaccine expert Stanley Plotkin agrees with my view, Kathy. I think this is the study Plotkin mentioned: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2966755/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2966755/)

But perhaps you would not consider him a researcher either. Have a look at the video. But realize that Merck’s own scientists say it is not just the problem of strain mismatch but of the vaccine being misbranded and mislabeled and FRAUDULENT. More on that later.

[https://www.youtube.com/watch?v=nF2gyswrcwM&index=6&list=PLrl7E8KABz1GB5BQeJUIE19QaSAZNagKw](https://www.youtube.com/watch?v=nF2gyswrcwM&index=6&list=PLrl7E8KABz1GB5BQeJUIE19QaSAZNagKw)

6. She says “Vaccinated people have an inferior ability to fight off wild strains” and the best immunity is when children should get these diseases “at the
appropriate age” so they get lifelong immunity. This is a fallacy. To gain natural immunity, you have to suffer disease. Suffer. Yes, suffer because all vaccine-preventable diseases cause suffering, even in mild cases. Why should we allow our children to suffer, particularly when a high percent may suffer horribly and some may die? “Cases of such “mild” childhood diseases as pertussis dropped from more than 147,000 per year to less than 7,000. Annual measles cases dropped from more than 503,000 to less than 100. Diphtheria, polio and congenital rubella nearly disappeared. And if you don’t get the diseases, you can’t die from the diseases, can’t be rendered paralyzed, blind or deaf by the diseases. The difference between vaccine immunity is the difference between prevention and treatment … and prevention is always superior.” Source: Skeptical OB

Klingele 2000 PMID:10935994


Resistance of Recent Measles Virus Wild-Type Isolates to Antibody-Mediated Neutralization by Vaccinees With Antibody

Matthias Klingele, Helke K. Hartter, Festus Adu, Wim Ammerlaan, Wole Ikusi, and Claude P. Muller

1Department of Immunology, Laboratoire National de Santé Luxembourg

Kathy lost the plot regarding what I was saying. She had to resort to pertussis, which is absurd, given the huge rate of cases in fully vaccinated. (and can’t even use PubMed data to prove her point, resorting to blogger who specializes in vitriol.) Getting back to measles and the paper I was citing, there it is above. Klingele showed there is a big difference between the ability of naturally immune people and vaccinated people’s blood, to fight different strains of wild and vaccine measles strains. The two different groups looked at were naturally immune mothers from Nigeria and 12 year old vaccinated children from Luxembourg. “Although both cohorts were matched, 12 of the 22 late convalescent sera, and only 6 of 24 vaccinees neutralized all viruses.

Similarly, only 2 of 20 viruses were not neutralized by at least 75% of late convalescent sera, in comparison to 10 of 20 viruses that resisted neutralization by at least 75% of the vaccinees.”

The vaccinated children showed an inferior ability to neutralize virus, compared to the naturally immune. The researchers do not discuss why. In my opinion, the reason this happens, is because the different receptors and layers of the immune system that the wild virus goes through, gives a much broader, more complete protection, which recognizes and fights off all measles virus strains efficiently. Vaccine immunity does not.
7. From there, Suzanne goes on to mention several conspiracy theories. I call them conspiracy theories because there is no evidence to support them and they are based on paranoia, in my opinion. For example, she says MMR is a failure because a lot of people get measles but stay home and are not counted. This is ridiculous. They probably had Hand Foot Mouth disease or some other mild rash. And, “vaccines create a very loose net of pseudoprotection in the population” and “that is leaving those of us who are older susceptible to measles should it come back in.” I am not at all sure what she means by the “pseudoprotection” statement. I had an MMR 26 years ago, had my titers done two years ago, and still have actual protection.

Perhaps you had titers, but if measles circulated, you could still get sick and your titers would rise. https://www.ncbi.nlm.nih.gov/pubmed/11980952 In the process of them rising are you contagious? Also note that in California 2014-2015 most cases were over 20 years of age and many of them were vaccinated. The vaccine is not as good as wild infection for protection.

8. She claims babies never got measles, pre-vaccine, because they got protection from their mother’s milk, which had measles antibodies in it. She doesn’t seem to realize that not all babies, before 1963, were breastfed. My own mother, born in 1941, was not breastfed. And, I have a friend who had measles encephalitis at four months of age, before the vaccine started. Also, I went to the vital statistics data for USA for 1955 and found a measles death rate of 2.2/100,000 for American infants under age 1 year. So, clearly infants were getting measles, pre-vaccine, if 2.2 per 100,000 cases were dying.

No Kathy not the mother’s milk. This shows that you don’t understand pregnancy immunology very well. The mother gives transplacental immunity, which traditionally she got from having the disease and living in a world where measles circulated.

I have written notes on this, which commented that in the mid-1970’s only 6% of cases were in the >20 year olds, whereas in 1990, 23% of cases were, and 2014 56% of cases were over 20 YO.
By Daniel Q. Haney
The Associated Press

BOSTON — A generation ago, doctors routinely began vaccinating every child against measles. No one worried much about what would happen when they grew up and had babies of their own.

In hindsight, perhaps they should have. These new mothers fail to pass the strong resistance to measles at birth that an eternity of women before them have done.

The result is a new problem — measles in the very young.

This unforeseen byproduct of a well-meaning public health campaign has become apparent over the past two or three years, as larger numbers of vaccinated women have reached their childbearing years. Because the mothers get vaccinated, their babies are unusually susceptible to measles in their first year of life, when it is a potentially life-threatening disease.

Now, more than one-quarter of all U.S. measles victims are under a year old, an age when this disease was once almost unheard of.

"It's an extremely interesting phenomenon and one of great concern," said Dr. William Atkinson of the U.S. Center for Disease Control and Prevention in Atlanta.

Experts caution that this does not mean that girls should not be vaccinated. In fact, the disease is overwhelmingly less common than it was until the 1960s, when virtually everyone caught it. They contend measles would not be a problem now for newborns, either, if the vaccine were more widely administered to preschool toddlers.

Nature once took care of this matter nicely. Before the vaccine era, when measles was an unavoidable rite of childhood, everyone who recovered carried high levels of measles antibodies for the rest of their lives. This kept the virus from coming back.

When women give birth, they pass on this protection to help babies ward off measles until their own immune systems mature. Infants begin life with their mothers' measles antibodies already circulating in their bloodstream.

The amount of antibodies a baby gets at birth depends on how much the mother carries.

Like a natural measles infection, the vaccine triggers production of measles antibodies. However, the amounts are lower.

This means vaccinated mothers' babies become prone to catching measles at an earlier age — at 6 months or sooner, compared with around 15 months for the children of naturally infected mothers.

CDC figures show how this has changed the face of measles. In 1976, just 3 percent of all cases occurred in children under age 1.

Typically, their mothers were born in the 1950s, well before the measles vaccine became routinely available a decade later.
Cases in outbreaks
1976 3% less than 1 YO
1980s 8% less than 1 yo
1991 19% less than 1 YO
1992 28% less than 1 YO

2014 11% less than 1 YO in California amusement park, which was a special situation, small outbreak where tiny babies would only be exposed if they were brought there OR their vaccinated or unvaccinated older siblings exposed them. If this outbreak were of a larger caliber, more babies would have been affected because babies don’t have good immunity today like they did pre-vaccine. Even with this special situation, babies had a much higher rate (4-5 times higher) than the pre-vaccine era.

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**Age Distribution California 2014-15**

<table>
<thead>
<tr>
<th>AGE</th>
<th>TOTAL</th>
<th>PERCENT</th>
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</thead>
<tbody>
<tr>
<td>&lt;1</td>
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<td>11%</td>
</tr>
<tr>
<td>1-4</td>
<td>21</td>
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<tr>
<td>5-19</td>
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<td>18%</td>
</tr>
<tr>
<td>&gt;20</td>
<td>76</td>
<td>56%</td>
</tr>
</tbody>
</table>

Source: California Dept. of Public Health, Immunization Branch
Above is a reference showing the difference in maternally derived infant immunity to measles pre and post vaccine.

Below is some data from Europe pre vaccine on the percentages of children less than one year of age infected during outbreaks. Looks to be very low, like 2%. Serology was also measured but would not be an ideal measure for a baby less than one year of age, because the mother would confer some of that antibody. Reference https://www.ncbi.nlm.nih.gov/pubmed/11218214
9. She claims a properly nourished child will survive diseases just fine. This puts the blame for disease suffering squarely on the shoulders of the mother. A good mother, according to Dr Suzanne, does not work but stays at home to breastfeed her baby and feed her child “nourishing” food, according some mysterious standard. **I find this point of view highly offensive.** First of all, it is sexist to imply that mothers who do not breastfeed and do not stay home and prepare “nourishing” meals are bad mothers.

There is so much info on nutrition in infection severity depending on nutrition, that I’m surprised Kathy even mentioned it. Dissolving Illusions is packed with such proof. But there are other references.

From a scientist named Pabst, where I spoke in detail in my lecture in Oslo called Vaccines Forever. Here is part one, and part two follows https://www.youtube.com/watch?v=QyCPaEnCHg0

Breast fed babies had a better vaccine response than formula fed. Good nutrition vs. junk food for babies. BF babies have a more accurate immune response and immune baseline.
FF had higher but more chaotic immune function before and after vaccination.

BF babies had a brisk, targeted response.

Different Immune settings in BF vs FF

<table>
<thead>
<tr>
<th>Phenotype</th>
<th>BF</th>
<th>FF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibody response</td>
<td>lower</td>
<td>higher</td>
</tr>
<tr>
<td>CM response</td>
<td>higher</td>
<td>lower</td>
</tr>
<tr>
<td>Th1 or Th2</td>
<td>Th1</td>
<td>Th2</td>
</tr>
<tr>
<td>Anti-inflam.</td>
<td>Healthy</td>
<td>Inflammatory</td>
</tr>
<tr>
<td>Microbiome</td>
<td>High</td>
<td>Sickly</td>
</tr>
<tr>
<td>Antioxidant</td>
<td>Low</td>
<td>Kidd 2003:PMID: 12946237</td>
</tr>
</tbody>
</table>

Breastfed children: **Better control of their immune function.**

Pabst 1997 PMID: 9475303
Kathy: *I am sure we can all agree that a steady diet of soda pop and Cheetos would not be healthy but there is no data supporting what she is implying. What exactly is nourishing, to Suzanne, and what is not? It's a mystery.*

No it is not a mystery. It is very well proven and documented that breastfeeding which amounts to proper human infant nutrition plays a huge part in overall health, including immune health, the ability to respond in a targeted fashion to a vaccine and an infection.

AND, various measures of nutrition in older children clearly reveal a superior ability to mount an immune response in the face of any infection, whether vaccine targeted or not.

As for placing the blame on the mother, yes.

Parents are responsible for insuring that the human blueprint for successful immunity is followed out. It does NOT mean that mothers have to stay home from work and be a dairy bar all day and night. Plenty of women pump milk and go to work, pump at work and feed when with the child. Plenty of women have home offices and work it out to insure the best chances for their children. And it should be easy to figure out what proper nutrition is. Just check in with some of the parents who have figured out and have thriving non-vaccinated or recovered-vaccinated children in part due to ignoring the doctors’ version of nutrition, which is an ever-changing food pyramid, sponsored by the most powerful agriculture interests at the time.

Question for Kathy. How much did you learn about nutrition in nursing school? Why would you not know what proper nutrition entails? And most important, who else would be to blame for under-nutrition or wrong nutrition of children if NOT the parents?

**RESULTS:**

*If 90% of US families could comply with medical recommendations to breastfeed exclusively for 6 months, the United States would save $13 billion per year and prevent an excess 911 deaths, nearly all of which would be in infants ($10.5 billion and 741 deaths at 80% compliance).*

Kathy, knowing all of that, why would you want to do anything less than breast-feed? And I can also tell you that this is just the tip of the iceberg. But like some other blinded vaccine-faithful professionals, you may still believe that natural is not better and that formula is just as good if not better than the mother’s specific food for her baby. [https://www.youtube.com/watch?v=zP-lpEOVcmY](https://www.youtube.com/watch?v=zP-lpEOVcmY) Yes a man can feed a child. He can feed breast milk in a bottle.

**Getting back to mumps efficacy: regarding Merck’s virologist lawsuit:**

Two former Merck virologists are suing under the False Claims Act, saying that Merck lied and consistently and illegally inflated the stated potency of its mumps vaccine. Part of how Merck allegedly committed this fraud was to test the vaccine against the weakened vaccine strain, because vaccine stimulated antibodies no longer neutralize the wild virus sufficiently to pass Merck’s tests. This is giving mumps virus an adaptive advantage within the infected vaccinated population.


Here is a link to the complaint. The information is startling. [https://www.dropbox.com/s/81ruzsot1l0y9lr/Merck%20Amended%20ComplaintECFStamped.pdf?dl=0](https://www.dropbox.com/s/81ruzsot1l0y9lr/Merck%20Amended%20ComplaintECFStamped.pdf?dl=0)

So while we are often told that the circulating strains simply don’t match the vaccine strain, that is not the whole truth. The public has been paying Merck for a vaccine that is a dud. And the solution, by people like Kathy, is to just give more doses. We are up to three doses recommended now, with no single mumps vaccine available. That’s three MMRs in a lifetime, and it is a sure bet that number will rise to 4 or 6 or even more, just like with the pertussis vaccine, because that’s what happens with dud vaccines in today’s world where the delicate fabric of industry, academia, and pharmaceuticals are woven into your child’s blood.  