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The **Centers for Disease Control and Prevention** (CDC) last week reported that routine childhood vaccines — like those targeting measles, tetanus, diphtheria and hepatitis B, among others — have prevented approximately 508 million cases of illness, 32 million hospitalizations and 1,129,000 deaths over approximately 30 years.

In its **Morbidity and Mortality Weekly Report** (MMWR), the agency estimated the shots have also saved the U.S. \$540 billion in direct costs and \$2.7 trillion in indirect societal costs, such as parents missing work to care for a sick child.

Mainstream media touted the CDC report as a “**testament to the success**” of childhood vaccines and as evidence that the **high cost of childhood vaccines** is paying off.

But experts who spoke with **The Defender** said the CDC relied on outdated disease and mortality statistics that led to “laughable” conclusions and ignored the real costs of adverse effects of vaccination.

They said the timing of the CDC report — issued amid news reports of **waning public confidence** in the CDC’s childhood vaccine schedule — suggested the **agency** was using the report as “**propaganda**” to defend its vaccination program.

“The methods are shoddy, the data are untethered from reality and the conclusions are a preposterous fiction,” Toby Rogers, Ph.D., a fellow at the Brownstone Institute for Social and Economic Research, told The Defender. “This study is an advertisement on behalf of the pharmaceutical industry and it should be treated as such.”

Researchers from the CDC’s National Center for Immunization and Respiratory Disease, led by Fangjun Zhou, Ph.D., sought to quantify the health and economic benefits of routine immunizations among children in the U.S. born between 1994 and 2023 — approximately 117 million children.

They reproduced the methodology from a 2014 paper Zhou and colleagues **published in Pediatrics**, estimating the health and economic benefits of vaccination for a single year, 2009.

“If there are two more conflicted journals to represent the benefits of the childhood vaccination program, you could not find them,” Mark Blaxill, co-author of “**The Age of Autism: Mercury, Medicine, and a Man-Made Epidemic**,” told The Defender.

Blaxill said:

“The profession of pediatrics is the delivery channel for the childhood immunization program, that’s why it exists. And the MMWR is put out by the CDC, which is recommending the program. So this is propaganda, and it is put out by those parties

most interested in defending the outcome.”

The researchers analyzed nine vaccines targeted by the CDC’s **Vaccines for Children Program**, which provides free vaccines to about half of American children. They sought to quantify the effects of those vaccines since the program began in 1994.

However, they included data for all vaccinated children, not just program recipients.

Vaccines included diphtheria, tetanus and pertussis (DTP or DTaP); Haemophilus influenzae type b or Hib; poliovirus; measles, mumps and rubella or MMR; hepatitis B; varicella; hepatitis A; pneumococcal conjugate and rotavirus.

They calculated costs associated with immunization, including costs of the vaccines and administration, parent travel and work time lost taking children to get vaccinated, and adverse events.

They compared those with benefits of vaccination, which included medical costs saved by not having to treat a disease, parent travel and work time that would have been lost in caring for a sick child, and other similar benefits.

They concluded that “routine childhood immunizations remain a highly cost-effective public health intervention, preventing thousands of lifetime illnesses, hospitalizations, and deaths among children born during 1994–2023.”

The analysis didn’t include **flu, COVID-19 and HPV vaccines** or the **RSV monoclonal antibodies** and other vaccines recently added to the **CDC’s childhood immunization schedule**.



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‘Objectively ridiculous’: Biggest benefit comes from diphtheria vaccine

The CDC estimated the cumulative number of illnesses prevented ranged from 5,000 cases of tetanus to approximately 100 million cases each of measles and chickenpox.

The highest number of deaths prevented was 752,800 from diphtheria, which accounted for more than half of the deaths prevented and — based on Zhou's 2009 study — for more than half of the costs saved.

But Brian Hooker, Ph.D., chief scientific officer at **Children's Health Defense**, said the mortality rates they used for diphtheria were "highly inflated." Hooker said:

"The mortality rates they used of 15-20% were reported prior to the development of the vaccine in the 1920s. However, this was prior to the development of antibiotics. Clostridium diphtheriae (the bacteria that causes diphtheria) is treatable with penicillin or erythromycin."

Blaxill said diphtheria was "a disease of the horse-drawn economy," caused by a bacteria found in horse manure. "It's caused by environmental exposures and it's not infectious and it isn't common, really anywhere, anymore."

He added that incidents of **diphtheria** had gone down dramatically long before 1994 when the CDC's study period began.

Also, the immunity conferred from the **diphtheria vaccine** wanes rapidly, which is why the CDC recommends six doses in childhood followed by revaccination every 10 years, **even for adults** — most of whom do not get that booster.

"So they are claiming excessive benefits of vaccination that are heavily skewed to an ancient vaccine that no one cares about," Blaxill said. "Over half of the benefits they claim come from diphtheria. That's objectively ridiculous."

The next largest benefit claimed was over 100 million measles cases prevented, 13.2 million hospitalizations avoided and 85,000 deaths prevented. However, Blaxill said it is the same thing with measles — by the time vaccines rolled out, mortality rates from measles were extraordinarily low.

According to the CDC's data, the **death rate from measles declined by 98%** between 1900 and 1962. When the measles vaccine came out in 1963, the **mortality rate** had already declined to **0.2 per 100,000 people** (as of 1960), or a case fatality rate of **2 per 10,000**.

"None of the vaccines available through the Vaccines for Children Program are as effective as the CDC claims," Rogers said. "We know that the **mumps portion of MMR** does not work. The pertussis portion of DTaP does not stop infection nor transmission of pertussis. That's true for lots of vaccines on the schedule."

Rogers said it is well-documented in books like “**Dissolving Illusions: Disease, Vaccines, and the Forgotten History**,” by Dr. Suzanne Humphries and Roman Bystryanyk, that there were 90% to 100% reductions across all childhood infectious diseases before the introduction of mass vaccination campaigns.



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Study excluded ‘a century of economic progress’ from analysis

Study limitations, the authors wrote, were that by not including flu, COVID-19 and RSV immunizations they could be underestimating the benefits of the shots. They also said they could be underestimating vaccination costs. In other words, the costs may be even higher than they think and the benefits even greater.

However, they also conceded that for some diseases, other public health interventions, like better hygiene, could have lowered disease risk in recent decades, and their analysis did not account for that.

“If such reductions were substantial, the model would overestimate the vaccine-preventable incidence of these diseases,” they wrote.

“In other words,” Blaxill said, “A century of economic progress was excluded. Public health measures like better nutrition, sanitation, hygiene, clean water, indoor plumbing — that’s excluded.”

“That’s a ‘limitation’?” he asked. “I mean, it’s extraordinary.”

Rogers added, “We are not living in the 1600s, contrary to whatever the CDC might think. Today we have access to antibiotics, antivirals and targeted treatments (such as vitamin A for measles).”

Hooker agreed. He said most of the mortality rates the CDC used to make its calculations came from decades or even a century ago and didn’t account for all of the important public health advances and societal changes.

Hooker said it's important to remember that in this day and age, "infectious diseases aren't the boogeyman because of the availability of treatments. If a child gets chicken pox, they recover."

Missing costs: epidemic of childhood diseases

Critics also said that during the period covered by the study, there was an explosion of **chronic illness among children**, often linked to vaccination, with astronomical economic and societal costs that are unaccounted for in the CDC's cost calculations.

Blaxill and Rogers co-authored the seminal **"Autism Tsunami" study**, which projected the societal costs of autism would grow to \$1.36 trillion annually by 2040 and continue to rise after that — a number that dwarfs the savings the CDC claims.

Blaxill said that to claim vaccines could save trillions of dollars, they had to add up estimated savings over 30 years, whereas chronic illnesses like autism would be generating such costs annually.

He also accused the CDC of claiming cost savings without evidence. For example, they claimed that vaccines provided a societal benefit in reducing special education expenditures.

"Where is there evidence that special education costs have gone down?" he asked. Rising rates of ADHD, autism and other developmental disorders have led to such costs "exploding in the other direction," he said.

The CDC report authors did include in their calculations a very conservative cost of adverse events. The 2009 paper shows estimated physician visits for adverse events would be approximately 10 per million vaccinations. They did not mention chronic illness.

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Gallup says public support for mandatory childhood vaccinations is plummeting

The Vaccines for Children Program was launched in 1994 to **provide vaccines at no cost to eligible children** 18 and younger. Last year, 54% of American children were eligible for the federally funded vaccines, according to the report.

The program was founded in 1994 by President Bill Clinton after **Big Pharma** provided key funding for his 1992 electoral campaign, Rogers told The Defender, and detailed on his **Substack**. The CDC reported the program was developed in response to a measles epidemic in 1989-1991 where many infected children were unvaccinated.

Under the program, the federal government committed to paying Big Pharma \$2 billion per year for vaccines for which they are protected from any liability for injuries.

By 2023, the Vaccines for Children budget had grown to **\$5.86 billion per year**. But as that budget grows, public confidence in vaccines is plummeting.

The CDC report came out one day after **Gallup released a poll** finding fewer Americans today consider childhood vaccines to be important, with only 40% saying it is extremely important for parents to have their children vaccinated, down from 58% in 2019 and 64% in 2001.

The poll also found that only a slim majority — 51% — of Americans think the government ought to mandate vaccines.



Brenda Baletti, Ph.D.

Brenda Baletti, Ph.D., is a senior reporter for The Defender. She wrote and taught about capitalism and politics for 10 years in the writing program at Duke University. She holds a Ph.D. in human geography from the University of North Carolina at Chapel Hill and a master's from the University of Texas at Austin.

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