

Vaccine Mandates Are Not Enough. Really??

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In a recent article posted on *MedPage*, author Katie Attwell PhD, writes that vaccine mandates are not enough to solve our infectious disease problems.¹

Attwell begins the article with a recitation of falsehoods about vaccine efficacy. For example, she writes that in the early 2000s a public health milestone was achieved – measles was eliminated. But was this really an achievement? The data shows otherwise.

The first measles vaccine was licensed in 1963, and widespread measles vaccination began in 1968.² According to the CDC, prior to 1963, nearly all children got the measles by the time they were 15 years old, and between 2 and 4 million people in the U.S. were infected each year. About 48,000 were hospitalized, and 400-500 people died.³ In other words, the hospitalization rate was between 1.2% and 2.4%; and the death rate was between 0.125% and 0.25%. Critical thinkers might conclude that the measles vaccine was not necessary. Most people contracted measles as children, achieved lifetime immunity, and very few were hospitalized and even fewer died.

Attwell then writes that vaccines achieved “the remarkable breakthrough of eliminating the nightmare of polio...” This is not true. Widespread polio vaccination began in April 1955. It is true that U.S. cases dropped from 28,816 in the first 49 weeks of 1955 to 15,128 cases during the same time period in 1956. However, the number of polio cases varied from year to year before the vaccine was introduced. During the late 1930s there were fewer cases than in 1956. Cases increased during the early 40s. In 1944, 19,020 cases were reported. In 1947 cases decreased to about 10,000, rose again in 1952 to 57,879, then dropped again in 1955. This variation in cases took place all over the world.⁴ Also, the polio death rate was decreasing before the vaccine was introduced, and in order to make the vaccine look effective the medical definition of polio had to be changed.⁵

By far, Attwell’s most ridiculous exaggeration is her claim that vaccines wiped out pertussis or whooping cough. This is simply not true. Outbreaks of whooping cough cases have been reported in the U.S. every year for a very long time.⁶ An outbreak of pertussis took place in a Florida preschool in 2016 in which almost all students were vaccinated. Only 5 out of 117 students had not received 3 doses of DTaP. A total of twenty-six students developed whooping cough – two unvaccinated and 24 vaccinated. The highest incidence rate occurred in a classroom in which all 17 children were vaccinated. The teacher was also vaccinated and also developed whooping cough.

In an article covering this episode posted on *Medscape*, authors wrote that this “...raises concerns about inadequate protection against pertussis in an age group

believed to be well protected by acellular pertussis vaccination." They added that this episode calls into question the effectiveness of vaccines for preschoolers, and that "...recent pertussis vaccination should not dissuade physicians from diagnosing, testing, or treating persons with compatible illness for pertussis." The authors also noted that the number of whooping cough cases jumped 6-fold from 7867 cases to 48,277 between 2000 and 2012, stating that the cause may be that the virus has mutated which has lowered the rate of vaccine-induced immunity.⁷

One research group determined that the pertussis vaccine is only 34% effective at 24 months, stated that "Lack of long-term protection after vaccination is likely contributing to increases in pertussis among adolescents."⁸

On this foundation of false statements Attwell then writes that infectious diseases have "...made a shocking comeback in the U.S." and the reason for this is "...the collective failure to successfully promote vaccination policies that protect the nation's children."

Attwell believes that just mandating vaccines "...will never solve the problem of uptake, nor will it convince people that vaccines are safe, effective, and important." She thinks that the U.S. must make both vaccines and pediatrician visits free. This, Attwell says, will eliminate cost as a variable and also send "...a message to the public that vaccination is a government priority."

Attwell is particularly concerned about misinformation, which, she writes, "can be deadly." She calls for "effective public campaigns that clearly communicate the urgency of making vaccination part of the routine of having a new baby and continuing that routine throughout the lifespan." In other words, she wants an expansion of the propaganda we continue to endure regarding COVID and COVID vaccines. Injection from cradle to grave must be promoted!

Attwell is not a fan of parent choice, stating that "personal belief exemptions to vaccine mandates may suggest to many parents that vaccination is just another personal choice, akin to breast versus bottle feeding..." According to Attwell, care for children from birth to adulthood – including medical care and vaccines – should be for the government to decide, not parents. She ends the article stating that we just need "...to tear down barriers so that hearts and minds will follow."

Attwell's argument is based on a set of facts that she most certainly believes is true but it's not. Unfortunately, this has become the norm in medicine. People with impressive credentials and considerable power report patently false information - regularly. These so-called experts either do not check anything out on their own or they do not know how to read scientific articles. It's most likely a combination of both. And it's frightening.

It's good to know how arrogant medical, government, and health policy experts think. It can prepare us for what's coming. According to many U.S. politicians and health professionals, the draconian responses to COVID (lockdowns, masks and so on) followed by vaccine mandates were just not strong enough. Next time we need to act faster, and mitigation efforts need to be more coordinated and stronger. Attwell thinks we need more coordinated brainwashing.

What do we really need? To be free of these people and their ideas.

¹ Katie Attwell, PhD. Vaccine Mandates Are Not Enough to Solve Our Infectious Disease Problem. *MEDPAGE Today* April 11 2023

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<https://www.cdc.gov/measles/about/history.html#:~:text=In%201963%2C%20John%20Enders%20and, colleagues%2C%20began%20to%20be%20distributed.>

³ Centers for Disease Control. Measles History. <https://www.cdc.gov/measles/about/history.html>

⁴ Rutstein DD. "How Good Is the Polio Vaccine?" *The Atlantic* February 1957

⁵ Alderson M. *International Mortality Statistics* Palgrave MacMillan 1981 177-178

⁶ Matthias J, Pritchard S, Martin S et al. "Sustained Transmission of Pertussis in Vaccinated, 1–5-Year-Old Children in a Preschool, Florida, USA."

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⁷ Matthias J, Pritchard S, Martin S et al. "Sustained Transmission of Pertussis in Vaccinated, 1–5-Year-Old Children in a Preschool, Florida, USA."

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⁸ Acosta A, DeBolt C, Tasslimi A et al. "Tdap Vaccine Effectiveness in Adolescents During the 2012 Washington State Pertussis Epidemic."

Pediatrics published online May 4 2015 Doi:10.1542/peds.2014-3358