Dr. David Brownstein says that the two-dose vaccine for chickenpox does lower the rate of that childhood illness. However, shingles, which is a painful recurrence of chickenpox, mostly in adults, has become an epidemic that is directly related to the vaccine. Shingles is far more serious and life-threatening than chickenpox. The bottom line is that billions of dollars are spent on vaccinating children to reduce the rate of a relatively mild childhood disease only to make them more susceptible to the same virus as adults causing serious illness (more medical bills) and even death. Big Pharma wins at both ends of the cycle. –GEG

When I was a child, nearly everybody became ill with chickenpox. Like nearly all kids, when I became ill with it, I stayed home from school about a week and fully recovered.

All that changed in 1995, when the FDA licensed and approved the live attenuated chickenpox (varicella) vaccine in persons aged >12 months. After the vaccine began to be used by most children, the incidence of chickenpox rapidly declined. However, due to continual outbreaks of chickenpox, a second dose of the chickenpox vaccine was added to the childhood immunization schedule in 2006.

Is the chickenpox vaccine effective at significantly lowering
the incidence of chickenpox? Yes. Due to the vaccine, there is a significantly lowered incidence of chickenpox.

However, the most important question to ask is, “Has the chickenpox vaccine (along with the other 70 doses of vaccines given) improved the lives of our children and the rest of the population? The answer to that question is easy: No.

Yes, our children have less chickenpox due to the vaccine. However, shingles, a painful reoccurrence of chickenpox, has become an epidemic illness affecting both children and adults. The rapidly increased incidence of shingles is directly related to the use of the chickenpox vaccine. You see, we need chickenpox circulating in the environment to tweak our immune systems in order to stay alert. With the effectiveness of the chickenpox vaccine, our immune systems are no longer stimulated with the varicella virus (the virus that causes both chickenpox and shingles) which allows the reactivation of the chickenpox virus—shingles— to develop. Studies have shown that we spend more money treating shingles than the savings due to the lowered rate of chickenpox. And, shingles can develop into a chronic, debilitating disease and can cause death.

I keep hearing the mantra that vaccines are safe and effective. That is simply not true. Vaccines are associated with a host of adverse effects. In the case of the chickenpox vaccine, a recent study looked at the adverse effects of this therapy.

The study concluded, “We identified no new or unexpected safety concerns for the second-dose varicella vaccine.” (1)

However, when the entire study is read, a different picture is formed. The authors found 14,641 reports (from 2006-2014) to the Vaccine Adverse Event Reporting System (VAERS) after the second dose of the chickenpox vaccine. VAERS is a voluntary reporting system designed to collect information about adverse
effects from vaccinations. It is estimated that only 1-10% of all vaccine-related adverse effects are reported to VAERS since it is a voluntary system. (2) Since it is a voluntary system, there is no doubt that VAERS underestimates the adverse effects due to vaccines. I would venture a guess that most doctors who administer vaccines are unaware of VAERS. I know that is true from quizzing many doctors about whether they are aware of VAERS.

According to the study, 3% of the adverse reactions were classified as serious. Serious adverse reactions included anaphylaxis (83), meningitis (5), encephalitis—inflammation of the brain (16), cellulitis (52), chickenpox (6), shingles (6), and death (7).

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